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ORIGINAL ARTICLES.

MOUNTAIN FEVER.¹

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MOUNTAIN FEVER is a subject that has caused a great deal of contention and led to many heated discussions in the medical profession. On the one hand it is claimed that in pathology and symptomatology it is merely typhoid fever modified by the climatic and local conditions of the region in which it is found. On the other hand it is just as strenuously asserted that it is a disease entity entirely distinct from typhoid fever. These wordy, and at times, bitter and acrimonious discussions are, in my opinion, largely due to the lack of a clear definition of mountain fever and a consequent misconception of what is meant when the term is used by persons holding different views as to its pathology.

The disease which is ushered in by a severe chill, intense headache, and general muscular soreness, with foul, coated tongue, constipation and highly colored urine, and is denominated "mountain fever" by one physician does not satisfy the mental concept of another, who regards the disease as modified typhoid. Heated discussions follow because the disputants are talking about entirely different disease entities. The one has before him the mental picture of a bilious fever, attended by the clogging up of the system, and the sudden formation of toxins which lead to intense systemic disturbances, but which fortunately under proper eliminative treatment are ephemeral in duration. Of many hundreds of cases of this bilious fever treated in Wyoming during the last nineteen years I have rarely known of one to last longer than three or four days.

The other disputant, however, perceives an entirely different thing. He has in mind an insidious, slow on-coming and long-continued fever with its physical prostration and mental perturbation, and has no patience with the man who talks of breaking up the disease in a few days. This being the state of affairs, the first essential is a clear definition of what we mean when we use the term "mountain fever." I believe that in the interests of truth and scientific medicine the term should be dropped and consigned to the oblivion which has overtaken the popular term

"typhomalarial fever" of two decades ago; but since it is with us let us see what can be done with it. As used in this paper the term "mountain fever" will mean typhoid fever as modified by the local conditions and climatic influences of the Rocky Mountain region, and I shall briefly outline my reasons for so defining it.

Post-mortem examinations made by a number of competent observers have shown that the lesions are identical with those found in typhoid fever in our Eastern States. This was very clearly demonstrated nearly twenty years ago by a surgeon in the United States Army who, in seven or eight autopsies in cases of this kind, found the characteristic enlargement and ulceration of Peyer's patches and other lesions typical of typhoid fever in every one of them. These earlier observations have been corroborated by more recent ones. Dr. Charles E. Woodruff, U. S. A. (*Jour. Amer. Med. Ass'n.*, April 2, 1898), writes as follows: "Whenever a case went to the post-mortem table the lesions of typhoid fever were invariably found, so that a few physicians dropped the term (mountain fever) at once." I desire to call your earnest attention to Dr. Woodruff's paper, to which reference has been made, as it is based on thirty-five cases treated at the United States Hospital at Fort Custer, Montana. The cases are fully recorded and carefully analyzed, and are particularly valuable because in nearly all (30) repeated blood-tests according to Widal's method were made. It is a curious, suggestive and instructive fact that while in many of the cases the earlier examinations gave negative results, the later ones, and some well on during convalescence, gave positive reactions; all the patients examined, with one exception, gave a positive Widal reaction at some time during the course of the disease. (In three recent cases of my own the positive Widal reaction was obtained.) We thus see that post-mortem examinations and bacteriologic investigations unite in declaring "mountain fever" to be an atypical form of typhoid fever.

Let us now briefly glance at the symptoms which characterize the disease. In nearly all cases it is ushered in by malaise, headache, a quite decided chill, or chilly sensations, and fugitive pains in the muscles, especially in the back. The headache ordinarily subsides in a few days, especially when

¹ Read at the third annual meeting of the Wyoming State Medical Society, held at Laramie, Wyo., October 10 and 11, 1899.

the patient is put to bed early and kept perfectly quiet. The tongue is always more or less coated. In mild cases the coating may be merely a thin white fur, but in severe ones it is yellowish-brown, and may cover the whole dorsum of the organ. The breath is foul, of a sweetish odor, and there is often a bad taste in the mouth; this is sometimes attended by anorexia and loss of appetite. One peculiar characteristic of the disease is the prevalence of constipation, which is present in the great majority of cases. Out of the twenty-five or thirty cases I have seen well-marked diarrhea was present in only a couple of instances. The lenticular rose-colored spots are quite frequently present, and right iliac gurgling is found in the early stage in most cases.

The temperature presents a regular typhoid curve in many instances, but in others it pursues an atypical course. These irregularities are found particularly during the convalescent stage. After having been normal in the evening for a number of days the temperature without any ascertainable cause, will often go up to 101° or 103° F., and after remaining there for a few days will return again to the normal. The temperature in my own cases ranged from 101° to 105° F.

The liver and spleen are enlarged in a considerable proportion of cases, and abdominal distention and tympanites are present with varying frequency. Sometimes a series of cases will be found in which these symptoms are present in the majority, while in another series their presence is the exception. Mental hebetude, maniacal, or low muttering delirium and extreme physical prostration are not frequently found, but this I believe is due rather to more intelligent and rational methods of treatment than to any change in the severity of the disease. The pulse varies generally between 90 and 120 per minute, and rarely in my experience exceeds the latter rate. It sometimes becomes dicrotic or intermittent. At the present time I have a seriously ill patient under treatment in whom the pulse intermitted every fifth or sixth beat, but under the action of strychnin and other heart tonics the intermittency appeared at longer intervals, once in twenty beats, and finally disappeared. The urine is high-colored, and often is passed at infrequent intervals, in some cases only once in twenty-four hours. Epistaxis is only rarely present during the prodromal period, but is a more frequent symptom after the establishment of the disease.

In speaking of complications in his thirty-five cases Woodruff says: "Bronchitis was rare, only three or four cases. There was no pneumonia; intestinal hemorrhage was several times suspected from sudden falls of temperature, but in no case did

blood appear in the stools." In my own cases I have never met one of frank pneumonia, but in one long-continued case, in a child eight years of age, there was hypostatic pneumonia. In this same case, owing to the intense systemic infection, pyemia supervened and both parotid glands suppurred, and had to be lanced, discharging a large amount of pus. This case is corroborative proof of the typhoid nature of the disease, because a parotid suppuration is a rare complication of typhoid fever. Austin Flint, Sr., reported that he saw only six cases of this complication in typhoid fever in all his enormous clinical experience.

Through the courtesy of Dr. Solier I saw one case of severe intestinal hemorrhage, but have never had that complication in my own practice. I did see one case of intestinal paresis or paralysis, due to improper diet, which from the fatal termination is of sufficient interest to report. Three or four years ago I treated Mrs. R., a large, fleshy woman, mother of several children, for a severe attack of typhoid fever. The temperature ran high, 104° to 105° F. for nearly two weeks. Pulse was weak, and heart-failure had to be constantly guarded against. The case pursued a favorable course, however, and the fever gradually subsided until the temperature reached normal. With careful instructions as to diet and exercise I dismissed the patient, but requested the husband to notify me at once if any unfavorable symptoms made their appearance. Three or four days later I was hastily summoned to see the woman and found her gasping for breath, her abdomen distended, as tight as a drum, and her pulse very rapid and almost imperceptible. On asking the cause of this state of affairs I was informed that she had been doing nicely until that day, when a kind (?) neighbor had brought in a large plateful of apple cobbler, and the patient had eaten the whole of it at one sitting. I introduced a large rectal tube, piped off some of the gas, gave her heart tonics and stimulants, as well as carminatives and digestants, and in a few hours she was in a fairly comfortable condition. At this juncture, however, the husband was persuaded by over-solicitous and philanthropic neighbors to change doctors. The patient was placed under the charge of another physician, and after suffering intensely for about two weeks passed into the hands of the undertaker.

The fatal termination of this case impressed upon me strongly the importance of careful regulation of the diet in all these fever cases, even for a considerable time after the subsidence of the fever and the establishment of convalescence. This precaution is particularly important in view of the fact that recurrences of the fever or relapses are very frequent,

even a week or more after the temperature has become normal. Of course, intestinal perforation is a contingency that must always be present in the mind of the physician, but fortunately it rarely occurs.

Since the disease is caused by the Koch-Eberth bacillus, and is communicated principally by means of drinking-water, milk, and by flies (*Jour. Amer. Med. Assn.*, September 2, 1899) which, by coming in contact with the dejecta convey infective material from the sick to the well, every possible precaution should be taken to sterilize the dejecta, both feces and urine (it is now known that the urine of typhoid patients may contain the germs for many months, *Jour. Amer. Med. Ass'n.*, September 9, 1899) and dispose of it so as to protect the community against the ravages of the disease.

While to the physician a careful study of the symptoms and pathological lesions in order to arrive at a correct diagnosis is a matter of great importance, rigid measures of prophylaxis to prevent the spread of the disease is of the greatest moment to the community. To the person down with the fever the question which transcends all others is, What treatment will give the greatest chance for recovery and afford most relief to my sufferings? As practical physicians whose principal function it is to mitigate suffering and save life, let us see what treatment is the best to pursue in combating this disease. We are here confronted by a malady whose death-dealing toxins penetrate to the very citadel of life, and the most active resistance on the part of the protecting forces of the organism is necessary in order to overcome the disease.

Fierce wars have been waged by the advocates of different methods of treatment, from the copious venesection of our forefathers to latter-day nihilism, and the smoke of battle still envelops the contending partisans. This state of affairs makes it necessary that the physician should possess a clear conception of the disease, that he have good common sense, that he have faith in the efficacy of properly applied medicinal agents, and that his mental vision be not befogged by any restricted methods or fad. There are two guiding principles which I believe should never be lost sight of in the treatment of any disease, and which apply with peculiar force to the disease under discussion: First, inhibit or destroy the pathogenic micro-organisms, and neutralize or eliminate their poisonous toxins; second, strengthen the phagocytes and cells of the body and conserve the bodily forces in their battle against the morbid agents. With these broad general principles clearly in mind let us see what can be done when confronted by a case in actual practice. First,

put the patient to bed in a cool, well-ventilated room, and surround him by the best possible sanitary and hygienic conditions. In carrying out our first principle in our battle against the micro-organisms and their toxins I believe an eliminative and antiseptic treatment occupies a very prominent place. During the first few days I give, hourly, tablets containing $\frac{1}{2}$ a grain each of calomel and sodium bicarbonate until free catharsis is produced. The calomel acts on the liver, producing a free flow of bile, and has a cathartic action, and, as was shown by Dürhsen several years ago, also has a decided diuretic effect. By these different actions a large amount of toxic material is carried out of the system. Furthermore, calomel is a potent antiseptic and exerts an inhibitive effect on the bacilli causing the disease. Many writers assert that the good effects claimed for the antiseptic treatment is a figment of the imagination, and that sufficient antiseptic material to kill the bacilli would be fatal to the patient. I suppose some of this audience have at times observed the condition of sluggish streams near our Western towns; they teem with dead dogs, cats, and filth of every description. They are an insult to our ideals of the eternal fitness of things, and no one would invoke their aid in allaying an irritable stomach, or in restoring a failing appetite; but let a sudden freshet come on, and behold the change! The decomposing animal matter and foul stenches almost instantly disappear and from being nauseous and disgusting the place becomes pleasant and salubrious.

It has required no powerful antiseptic nor chemical action to effect this change, but plain water and a physical washing-out process has accomplished it. The alimentary canal during the early stages of typhoid fever can be appropriately compared to a foul stream and the calomel has much the same effect on the system as the freshet has on the sluggish stream; it washes out the feces, decomposing material, bacilli, etc., and cleans the alimentary canal from one end to the other. This removes the bacilli and accumulated toxins and places the bowels if not in a surgically clean, at least in a vastly improved condition, and removes an incubus from the whole system. The toxin-poisoned cells arouse from their lethargic state, the headache disappears, and the countenance assumes a brighter and more cheerful aspect. But the medical nihilist confronts us with "My dear sir, don't you know that the bacilli have already penetrated deep into the bowels, and are beyond your antiseptics and flushing; and don't you know that typhoid fever pursues an unalterable course no more to be changed than the laws of the Medes and Persians, and any attempt to

abort or cut short the disease is a sacrilegious flying into the face of Nature?" and much more of a similar kind of logic. Yes, my dear sir, we know all about that; but with all due respect for the great pathologists of the country, with whom the post-mortem is often the most important part of a case, and the medical nihilists who can see no virtue in therapeutic agents, we must differ. With hundreds of honest, painstaking and conscientious physicians all over our country we believe the course of the disease can be shortened and the severity of its symptoms mitigated. If it is good treatment and hastens the healing process to drain and cleanse a wound on the surface of the body as thoroughly as possible, why is it not good treatment to resort to similar measures in treating the bowel?

After the first few days of the cathartic treatment above described, the effect should be continued by giving enough antiseptic and eliminative medicines to produce several free passages each day. When the stomach will tolerate it I have found that the Woodbridge tablet No. 1, one or two every hour, acts very well. Salol and arsenite of copper can be used to good advantage in some cases, and in several instances recently I have obtained very good results from a tablet composed of equal parts of sulphocarbolate of zinc, lime and soda, 5 grains in each tablet, given four or five times a day when the bowels are acting freely. The indications must be carefully studied and the particular antiseptics selected to meet these indications in each case.

The cold bath is one of the approved methods of treatment, and has many earnest advocates, so earnest, I have often thought, that they fail to see the good in other methods of treatment. There is no question as to the good effects of the cold bath, and I have used it with excellent results in a number of cases. It lowers the temperature from one to three or four degrees, tones up the nervous system, strengthens the heart, and largely increases the amount of urine and toxic materials eliminated by the kidneys, but while these beneficent results follow the use of the cold bath, it is claimed on the other hand that the application of cold to the surface of the body considerably increases the tendency to intestinal hemorrhage, as well as the fatality following that accident.

Dr. Roland G. Curtin of Philadelphia (*Jour. Amer. Med. Assn.*, September 25, 1897), after a careful analysis of sixty hemorrhagic cases, as furnished by the hospital records, writes as follows: "When you take into consideration that the application of cold drives the blood from the surface of the body it must necessarily be followed by an increased amount in the in-

terior, causing a congested condition of the internal organs, and if there happens to be a blood vessel weakened or opened by the operative process it may give way or a clot be dislodged, and a hemorrhage follow. The necessary disturbance in giving a cold bath or the reaction following it may have a tendency to produce the same result. These statistics would seem to indicate that it would be well to avoid cold applications to the skin when there is a tendency to hemorrhage, or when it has already occurred. I would also suggest that during the third week, when the sloughing process is most active, the cold bath or pack, if used at all, be used with great care, avoiding sudden and marked impressions on the external circulation; we may in this way avoid making the case a hemorrhagic one."

Then, too, the almost insuperable difficulty of giving these cold baths in private practice is a serious objection to the treatment. Many ingenious devices have been suggested for overcoming the difficulty, but when tried in the crucible of experience are found to be unsatisfactory. Fortunately, however, I believe we have within our reach a method which is always available and easy of application, and while possessing the advantages of the cold bath is free from its inconveniences and dangers. I refer to the intrarectal injection of cold normal salt solution. I have seen the use of cold water per rectum advocated, but so far as I know the use of the normal salt solution for this purpose is a thought original with myself. By these injections, using either a bed-pan or a Kelly-pad to protect the bed, one avoids disturbing the patient or causing movement on his part. By means of a fountain-syringe hung up at the head of the bed these injections can be given without fuss, muss, or trouble of any kind. The first one will probably come away, bringing with it some feces, thereby cleansing the bowel; subsequent ones may come away after a time, but if they do they abstract a large amount of heat; often, however, they are retained, and the water passes out through the skin and kidneys, principally the latter, for Dr. W. H. Thompson has ascertained that normal salt solution causes a marked increase in the amount of urine, and of the urea contained in it (*Journal of the American Medical Association*, August 26, 1899). These cold normal salt solutions (and I would advise very cold, even ice-water, when the fever is high) reduce the temperature, calm nervous irritability, and tone up the nervous system, strengthen the heart, eliminate toxins from the system, and prevent, instead of cause, internal congestion. I have used them in a number of cases with very beneficial results, and in a recent very severe case, with tympanitic disten-

tion and tenderness of the abdomen, headache, temperature 104° F., dicrotic pulse, sordes on the teeth—in short, a case of profound toxemia, the relief was almost instantaneous. The patient's temperature declined, the pulse became more regular and stronger, and the countenance assumed a look of peace and contentment instead of its former pained expression.

As a heart-tonic I rely principally on strychnin, but occasionally find Da Costa's heart tonic tablets a valuable adjunct. Each contains nitroglycerin, $\frac{1}{100}$ of a grain; tincture of digitalis, 2 minims; tincture of strophanthus, 2 minims, and tincture of belladonna, $\frac{1}{4}$ of a minim.

I restrict the diet to milk, buttermilk, or other liquid nourishment. By this treatment the disease not only runs a shorter course, but the symptoms are greatly mitigated in severity, delirium is scarcely ever present, and physical prostration is much less marked than under the old methods of treatment, which furnished a continual banquet for the bacilli and permitted constantly increasing amounts of toxin to circulate through the system, poisoning the blood, poisoning the brain, poisoning every cell and tissue of the body, while at the same time the patient was drenched with enormous doses of brandy or whisky, an ablation, doubtless, to Charon, who ferried them over the Styx.

YELLOW FEVER AS A SCOURGE IN THE UNITED STATES.

By G. HEUSTIS FONDÉ, M.D.,
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A REVIEW of the history of the yellow-fever epidemic in the United States is encouraging. To recall the epidemics which swept through the cities of New Orleans, Mobile, Memphis and Norfolk, which were virulent and fatal, it is necessary to go back some twenty years or more. The mortality of the disease at that time was appalling and sufficient to leave the impress which the name "yellow fever" brings only to those familiar with its past history. But at the present day we find that the disease is becoming milder and milder, so mild, in fact, that some of the older physicians are loath to acknowledge that it is the same disease with which they were familiar. Yet, that it is the same disease in every respect, except in degree, is beyond question, for while the large majority of cases are almost trivial attacks so far as life is concerned, in a greater number of cases a few will be found which are of a most malignant type. That the lessened mortality

¹ In charge Yellow-Fever Camp for city of Mobile in 1897; Acting-Assistant Surgeon, U. S. A., on Yellow-Fever service, 1898; Acting-Assistant, Marine Hospital Service, on Yellow-Fever service in Agric. & Mech. College of Mississippi, 1898; on Yellow-Fever service, National Soldiers' Home, Va., 1899.

is due in great part to a more thorough understanding of the disease and rationale in treatment cannot be doubted by those familiar with it, but that yellow fever has become attenuated and generally milder is also beyond dispute. The explanation of this lessened virulence may be found, perhaps, in the enlightenment of the physicians and public as to the conditions which favor the propagation of the germs in increased virulence and concentration. This particularly applies to room and house infection. That the disease is disseminated and spreads almost entirely through the medium of house infection is evidenced by watching the first cases of an epidemic and tracing the visits of the patients to sick friends at night or for several hours in the day in ill-ventilated rooms or rooms suitable to retain the infection until it reaches sufficient concentration to become a danger to the non-immune. That it is seldom if ever contracted by direct contagion is the opinion of those most familiar with the disease.

In illustration of this theory there are institutional statistics showing that yellow-fever patients have been treated in wards filled with non-immune patients and attended by nurses and physicians not immune without the spread of the disease. In one instance of this kind the beds intervening between the yellow-fever patients were occupied by surgical non-immune and confinement patients, and yet the disease was not contracted by any one in the ward or building. This is accounted for by the theory that the disease is not *directly* contagious; that the yellow-fever patient first infects his personal clothing and bed or room, the infection then undergoing some change or increase and becoming sufficiently virulent or concentrated to endanger those susceptible to the disease. It has been proved by keeping the bed-clothing, linen and wards fresh and clean, and by disinfection of the surroundings that the disease can be checked not only in a city but within the confines of the same walls. Supposing that thorough disinfection was not attained in a ward, but that the degree of concentration of the infection and the media for growth of the germ or development of the infection were unfavorable, then one contracting the disease from such a source would probably suffer from a milder type than if the infection had been from a ranker crop of germs, though of course this would vary also according to individual resistance or susceptibility. Apply this to an epidemic and one can account to some extent for the more attenuated form of the disease which has characterized the outbreaks of the past fifteen or twenty years.

Again, the lessened mortality of to-day may with a strong probability of correctness be accounted for by the failure to diagnose and report the very mild

cases in the years past. At any rate, it can be said positively to-day that the recent epidemics would show even a much smaller mortality-rate if every mild case of yellow fever were reported. It would seem incredible, then, that the name "yellow fever," to-day could create a greater panic than numerous epidemic diseases of the North, as well as the South, which are much more fatal, and more tedious and treacherous than yellow fever.

It might be asked if it would not be in line with this argument to favor abandonment of quarantine and obstruction to traffic and allow the disease to immunize the South for a generation and a half to come. Perhaps such a view will not prove a bad one, but we must not jump to the other extreme now. We can resist the progress of the disease if it is not too mild to bear all the ear-marks and consequently does not slip through the lines without warning because of its lightness. While reason and recent experience should make us feel safe from future death-dealing epidemics of yellow fever, conservative judgment would not permit letting the bars down and trusting the disease too early in the yellow-fever season, because it is known of all epidemic diseases as well as of yellow fever that as the epidemic grows older the disease grows more virulent in form. Late in the yellow-fever season the appearance of a mild form of the disease should cause no alarm, even if quarantine restrictions—and by this the retarding if not absolute checking of the spread of the disease—be abandoned, though there would be greater security and little inconvenience to the public to continue house quarantine and local measures.

That thorough disinfection, isolation and quarantine measures not only can check an epidemic but can and have stamped it out in this country is demonstrated by its accomplishment recently at the National Soldiers' Home, in Virginia (with some thirty-five hundred inmates), and in the town of Phoebus. Other instances might be cited. On the other hand it seems only reasonable to conclude that where conditions of climate, soil, and unsanitary surroundings prevail, as in Cuba, and where the infection would not only be propagated in houses and people but is widespread in the soil of the locality, it would then only be possible to check the spread of the disease by confining it to one region, and its stamping out or extermination would be practically beyond artificial means unless in a very limited area. From this example, an illustrative proposition, the Gulf and South Atlantic States, which are not the natural habitat of the disease, can and will unquestionably be able to stamp out infection if discovered early and check or control all outbreaks of yellow fever sufficiently to make it no longer the dreaded

scourge of the South, though it seems now not sufficiently fatal or severe to be dreaded even if it were impossible to control it.

Thirty years ago the announcement of one case in a city like New Orleans would have been followed by such rapid geometrical progression of foci from the primary one that it was then proper perhaps to consider the whole city as infected, but with the present methods of guarding, isolating and disinfecting such focus need not be the case. The discovered infected foci are of very little danger to the city of New Orleans, much less to other cities.

In regard to keeping the disease beyond the border of the United States, we have learned valuable lessons from the recent outbreaks which should not fail to be of future benefit in solving the question with even greater ease than that assumed in the foregoing discussion. The Southern ports are supposed to have uniform quarantine regulations. The lack of uniformity and thoroughness of detail in the work are patent to the observer in quarantine matters and no doubt will soon be corrected. However, of great importance to the South, both from a sanitary and a trade point of view, is the outbreak in Virginia this season, the case in the city of Washington last season, and still another the season before in New York City, in the person of Colonel Waring.

The infection has gained entrance three consecutive years through the New York quarantine station, in two instances the disease being well developed at the time of inspection, or supposed inspection, by the New York quarantine officer, and in the last instance in some old quilts and plunder from Santiago which escaped fumigation. The bearing of this from a sanitary point of view is evident: persons and baggage entering New York, Baltimore and other ports from the tropics can reach the South more promptly than by entrance through Southern ports, on account of quarantine detention. This being a fact, the regulations should be, if not the same for the North Atlantic ports, at least proportionate to the liability of infection. The bearing of this from a trade point of view is also evident: these ports are competitors of the Southern ports for the tropical trade and should not be allowed an advantage in quarantine restrictions which renders the South less secure than those which are self-imposed and necessary for the protection of her ports and adjacent country.

CONGENITAL TUMORS OF THE FINGERS.

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My studies of this subject originated from the occurrence in my practice of two congenital neoplasms in new-born infants, the nature of which, owing to

their comparative rarity, was at first somewhat uncertain. Briefly stated, the cases were as follows:

CASE I.—September 23, 1895, Mrs. W. P., of Oak Orchard, Orleans County, N. Y., was delivered of a child which had a tumor nearly half an inch in length and one-third of an inch in diameter attached by a narrow pedicle to the outer surface of one of its little fingers. On the morning of September 24th I removed the growth by severing the pedicle with scissors. Rather free bleeding followed, which was controlled by applications of bismuth subnitrate. The healing was rapid. The growth resembled a supernumerary digit which, according to Reynolds,¹ may be attached by skin only.

After hardening in alcohol, sections stained with borax-carmin revealed normal epidermal tissue on the exterior, while internally there was a central space filled with granular semi-sebaceous material. The central cavity was lined with epidermal tissue in no way to be distinguished from that on the exterior surface of the tumor. Numerous hairs were included in the substance proper of the growth. Nothing was seen which resembled a cross section of a supernumerary digit or a fetal finger. (Clarkson.² Fig. 137.) The growth was a dermoid tumor.

CASE II.—September 12, 1897, to Mrs. I. V., of County Line, Niagara County, N. Y., was born a son with a similar growth upon the thumb of the right hand. This was removed September 13th without any difficulty.

An examination of the thumb eighteen months after the operation showed that it was atrophied and considerably smaller than the left one. The distal phalanx was somewhat abducted. The mother remarked that "it looked more like a finger than a thumb." All the articulations of the thumb were abnormally relaxed and movable, giving the appearance of partial luxation, and there was a band of tissue along the outside of the thumb, partly cicatricial, which doubtless had some part in the abduction of the distal phalanx.

Féré³ has recently described some cases of luxation of the thumb in children affected with unilateral or bilateral paralysis, and points out that besides the luxation there were present other evidences of defective development, such as small size of the thumbs, etc. In my cases I conclude with Féré that these phenomena (dermoid tumor, joint laxity, smallness of the thumb and abduction) are the results of the same development defect.

If a case similar to Case II. should ever present itself I should urge the use of the Röntgen-rays. This would show if, in addition to the tumor, there was defective development of the osseous structures of the finger, and allow proper treatment to be instituted. Joachimstal⁴ was the first to call attention to the great value of the Röntgen-rays in such congenital anomalies.

In another communication, "Ueber Brachydak-

tylie und Hyperphalangie," Joachimstal⁴ emphasizes the value of the X-rays in the examination of fingers abnormally short or long. After recapitulation of three cases of Leboucq, he describes the case of a twenty-seven-year-old woman with index- and middle-fingers of one hand very much shortened, and a long index-finger on the other hand, and in the twenty-two-year-old sister of the preceding patient a similar defect. A son and a niece of the first woman had the same peculiarities. Subjected to the Röntgen-rays these cases of short fingers proved to be due, not to a diminution in the number of the phalanges, but to a reduction in the normal length of the individual members. (The occurrence of these cases of Joachimstal in one family brings to mind the observations of Dr. D. Young⁵ on "Hereditary Digital Abnormality," in which he describes a family which have what they call "straight thumbs," i. e., broad ankylosed terminal phalanges, transmitted from the paternal side.) Hawkins-Ambler⁶ investigated a case of unequal growth of the fingers with the Röntgen-rays, and agrees with the view of Crawford that it was caused by incomplete division of the cartilage and deficient nutrient supply in consequence. Gerrish⁷ says that the cause of makrodactylia, in which from excessive nutrition the digits are enormously enlarged, is unknown. He gives an illustration of the disease occurring in two fingers of one hand and three of the other, to which the reader is referred.

Dermoids of the limbs and fingers are classed by Sutton as implantation dermoids. Dr. Roswell Park⁸ tells us that "they are rare and usually associated with antecedent injury, by which epiblastic structures are driven in and implanted in such a way that as they develop they give rise to these peculiar tumors." Ziegler⁹ considers them to be due to aberrant germinal cutaneous cells from the epiblast which have wandered to an abnormal site. H. Ribbert¹⁰ has investigated the experimental production of epithelial and dermoid cysts, and says that they can only be produced experimentally when pieces of epithelium are implanted along with connective tissue to which they are physiologically attached. This connective tissue has an office to perform in affording nourishment to the implanted epithelial cells. Under these precautions Ribbert used indifferently in his researches epithelium from the epidermis, from the mucous membrane of the mouth, and from the conjunctiva. Small pieces were implanted in the lymph glands, the posterior chamber of the eye, under the skin, and in the abdominal cavity. In consequence of secondary changes the relationship of the implanted epithelium to that of the experimentally produced cyst

cannot always with certainty be traced. Ribbert considers that epithelial and dermoid cysts originate in the human being oftener than they are observed, many of them failing to mature and finally disappearing, a frequent occurrence, as might readily be imagined in the experimental production of these tumors.

In a case of supposed congenital tumor of the fingers the following conditions might come up for consideration: Supernumerary fingers; makrodactylia with brachydactylia; congenital hypertrophy associated with lipoma (this sometimes occurs in the foot, Blackader¹³); exostosis (Simonart¹⁴); dactylitis syphilitica; tuberculous disease of the fingers (Bennett¹⁵); lipoma (Ranke¹⁶); sarcoma; new growths of traumatic origin; corpora oryzoidea.

As regards congenital deformities and abnormalities nothing farther need be said, for the reasons that I have already briefly considered them, and the diagnostic features are treated in various text-books.

Tuberculous disease of the fingers, according to Kauders,¹⁷ has a peculiar appearance, the affected fingers being enlarged in a spindle-shaped manner, the bones appearing puffed up (*aufgebläht*). Sometimes the swelling is elastic, but may be hard, the overlying skin edematous, at times reddened and hot. The disease mostly attacks scrofulous children, and family history is an important element in diagnosis. According to Sturgis,¹⁸ the first sign of syphilitic dactylitis is an enlargement of the shaft of the bone, which may be at times painful, the swelling hard at first being followed by softening and necrosis, shortening, and a useless finger. Congenital enchondromata or exostoses may be distinguished from syphilitic dactylitis by "more localized swellings, limited to a portion of the circumference of the bone" (Van Harlingen¹⁹). The reader is referred to works on hereditary syphilis and syphilis of the osseous system. Clubbed fingers occurring in congenital heart disease or as a result of empyema or phthisis, and arthritic enlargements of a gouty or rheumatic character, ought not to present any difficulty in diagnosis.

Microscopic examination may be necessary to decide the question, as sebaceous cysts, often have been taken for dermoids, or *vice versa*.

Sarcoma in its various forms attacks the fingers. For instance, Wheeler²⁰ describes a case of melanotic sarcoma of the right index-finger; Turner,²¹ a case of osteosarcoma of three fingers; La Grange,²² a case of simple sarcoma of the little finger; while A. Cartaz²³ has put on record an affection of the first phalanx which he calls "sarcome periostique." Sarcomatous tumors of the fingers vary in size, some reaching such proportions as to be noteworthy

(O'Grady²⁴). Any of the fingers may be the seat of the neoplasm.

Digital tumors may be the result of traumatism. Thus, Hamilton²⁵ narrates a case of traumatic enchondroma of the finger, and Spasokukotski²⁶ has observed a traumatic epithelial cyst of the fingers. A history of an injury would facilitate the diagnosis and clear up any doubt. The observer having excluded congenital hypertrophies and malformations, deformities due to tuberculosis, syphilis, heart disease and gout, as well as traumatism, and coming to the conclusion that the case is one of congenital tumor would be obliged to discriminate between the following (Monory²⁷): Dermoid, epithelial sebaceous tumors or cysts; enchondromata (of the thumb; see Isenschmid²⁸); nevi, cavernous and venous tumors. These are the most frequently recorded congenital digital neoplasms.

That dermoid and allied epithelial cysts are not uncommon may be inferred from a perusal of medical reports, for instance, Rizet²⁹ has written upon the subject of dermoid cysts of the fingers, Troquart³⁰ upon an epidermal cyst of the pulp of a finger, and Gibier³¹ has also described a cyst of the palmar surface of the second phalanx of the right index-finger. Congenital enchondromata are also frequently mentioned in medical literature. Murchison³² tells of a cartilaginous tumor, enchondroma of the middle finger, which necessitated amputation, and Labbe³³ narrates a case of congenital venous tumor which was erectile, subcutaneous, and which developed on a finger of a young lad; and Curling³⁴ has communicated a case of degenerated nevus of the finger. Holmes³⁵ says that it is often difficult to make a diagnosis of congenital tumor from degenerated nevus without exploratory puncture. He tells us that "a nevus will bleed copiously on puncture, the tissues will feel soft, and the point of the needle will be almost but not quite fixed. In a congenital tumor if solid there will be nothing following the puncture except the minutest quantity of blood; the tissues will feel quite hard, and the point of the needle will be fixed."

When the neoplasm is active or malignant, and actually threatening life, its immediate thorough removal is indicated. Amputation may be necessary in some cases. Cases not active may be left to the judgment of the surgeon, but in those cases in which the tumor forms an unsightly deformity, and is attached by a narrow pedicle, immediate removal is best. But in such apparently simple cases it would be a mistake to comfort the anxious parents with the remark, "after it is snipped off it will never cause any trouble," before an examination of the bones and other tissues of the finger has been made, in or-

der to exclude the possibility of some general developmental defect of which the tumor may be by far the smallest feature. The Röntgen-rays should be used if there is any doubt.

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CLINICAL MEMORANDUM.

TUBAL PREGNANCY AND DERMOID CYSTS;
REPORT OF A CASE.

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EXTRA-UTERINE pregnancy occurs so often that most members of this society have had opportunity to make clinical observations on the subject. Dermoid cyst of the ovary is also not of infrequent occurrence. Statistics compiled by several observers of large experience show that from three to seven and one-half per cent. of all ovarian tumors are dermoid cysts. They usually occur in but one ovary. Dr. Kelly, in twenty-one cases, had but one in which both ovaries were involved. It is generally believed that all dermoids are congenital in origin, although some hold that an occasional one occurring in the ovary may be the result of an interrupted ovarian

pregnancy. The case which I wish to report is one of dermoid cyst in both ovaries, and pregnancy in the right Fallopian tube, with almost complete obliteration of the left tube.

Mrs. A., aged forty-one years, American born, intelligent, menstruated first when twenty years of age. The flow was scant at that time, and did not occur again for three years. She was married at the age of twenty-three, and gave birth to a son three years later, which was fifteen years ago. At the birth of her child she had "child-bed" fever, so-called, and was confined to her bed eight weeks, a part of which time she was unconscious. She had high fever, chills, sweats, distention of the abdomen, and much pain, but does not know whether

FIG. 1.



(1) Teeth. (2) Bone. (3) Skin covered with scattering hair. (4) Tube distended with dark-colored fluid. (5) Remains of a portion of tube. (6) Fimbriated end of tube. (7) Cysts containing clear fluid.

there was an abscess or not—thinks not. Her child was three years old when she next menstruated. The flow was scant and had a bad odor. When most regular she menstruated only three or four times a year, the flow frequently being absent for six or eight months. In the fall of 1898 she menstruated twice in thirty days, the only time this ever occurred. The flow was always scant. From girlhood she had frequently fainted. Seven years ago she had an attack of peritonitis, and was ill five weeks.

I saw her first May 8, 1899, at 1 A. M. She was suffering from severe pain in the right side of the pelvis and abdomen. A tumor, which was quite tender, could be felt on the right side, extending a little above McBurney's point. The pain began four hours before I saw her. It was dull at first, and later became quite severe and

lancinating. From January 30th to April 14th there had been no flow. On the latter date she noticed a scant, stringy discharge, which continued until May 7th, a period of twenty-three days. At the time of my visit shock was intense; her temperature was 95.8° F., her pulse 60, and scarcely perceptible at the wrist. Respiration was sighing, her face and lips were blanched, and she was nauseated, vomiting frequently.

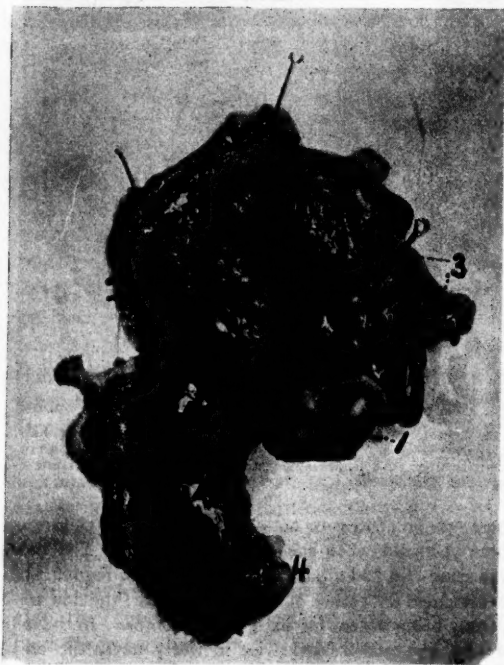
Extra-uterine pregnancy with rupture was diagnosed, and immediate operation advised. She was given a hypodermic injection of ergotin, and one of $\frac{1}{30}$ of a grain of strychnin. Three hours later consent to the operation was obtained. During the interval the strychnin had been repeated three times, and one hypodermic injection of $\frac{1}{100}$ of a grain of atropin had been given. The patient was removed to St. Luke's Hospital, and the operation performed at 5.30 A.M. Her temperature when she was put on the table was 97.5° F., and her pulse 82. Chloroform was administered for a few minutes and ether the remainder of the time. As soon as she was brought into the operating-room injection of normal salt solution under the breasts and into the loose tissues on

during the curettement, and opened her abdomen, making a median incision about three inches in length. The abdomen was full of dark blood and blood-clots. The incision was enlarged to about six inches, and the abdomen washed out with hot salt solution. The patient was put in the Trendelenburg position. A three-lobed cyst of the left ovary, larger than a teacup, was found resting above the tube and ovary on the right side and firmly

FIG. 3.



(1) Skin covered with scattering hair. (2) Teeth embedded in mass of fat and hair. (3) Bone resembling temporal bone. (4) Cysts filled with clear fluid. (5) Uterine end of tube.



(1) Fetus in sac. (2) Cavity in tube at point of rupture. (3) Fimbriated end of tube. (4) Uterine end of tube.

the sides was begun, and was continued during the entire operation, a little more than three quarts being used.

A few moments sufficed in which to explore and curette the uterus, which was found to be four inches in length and turned to the left side. It contained considerable shred-like tissue, supposed to be decidua membrane. I removed the rubber gloves, which were used

adherent to the intestines. The fimbriated end of the left tube was adherent to the cyst and a small cord (the remains of the tube) extended to its uterine end, which was about two and one-half inches in length and distended with a dark fluid. It ended abruptly, resembling a small sausage. This tumor got its blood-supply through its adhesions to the intestine.

After removing this tumor, the ruptured and still bleeding tube on the right side was readily reached and removed. The sac, containing a three- or four-weeks-old fetus, was not broken. Before taking a photograph of it in the amniotic fluid, however, the sac was punctured sufficiently to allow the fluid to escape. (Fig. 2.) The right ovary was found to contain a number of small cysts, and was removed. One of these cysts was broken during its removal, and its contents (viscid dark-colored liquid) escaped into the abdominal cavity. The abdomen was thoroughly washed out with normal salt solution, some of which was left in the cavity to be absorbed. Abdominal drainage, with washed-out iodoform gauze, was used, and the wound closed with interrupted silkworm-gut sutures. The operation required forty minutes. The stimulation, in addition to the salt solution given while

the patient was on the table, consisted in the administration of $\frac{1}{16}$ of a grain of strychnin, several doses of spartein, and one $\frac{1}{100}$ of a grain of atropin. The patient rallied quickly and made a good recovery.

The drain was removed on the third day and the sinus was found to be infected. This probably resulted from the escape of the cystic fluid into the abdominal cavity, as the contents of dermoids are usually infectious. The sinus has since closed, and the patient is now in good condition.

The three-lobed cyst of the left ovary contained a clear fluid in two lobes, and the third was filled with a thick, fatty substance with hair mixed through it. It also contained a piece of skin covered with hair, a piece of bone

FIG. 4.



(1) Number of small cysts containing fat and hair. (2) Solid body shaped like fetal head. (3) Lock of hair one inch long.

resembling the temporal bone, and a rudimentary portion of the inferior maxillary containing four teeth. The right ovary was divided into six cysts or sections, a majority of which contained a fatty substance, and all of which contained some hair. One of them contained a solid body the size of a small walnut, shaped much like a fetal skull, and covered with fuzzy hair, with one small lock of hair about an inch long in one place. On cutting this mass open it was found to contain lines of gray matter resembling brain tissue.

From the study of this case, I conclude: First, that these dermoids were congenital; second, that the unusual menstrual history was due to the fact that only a very small portion of ovarian tissue was present; third, that the cause of the tubal pregnancy was a contracted tube, due to a salpingitis, and possibly a tubal abscess at the childbirth fifteen years before; fourth, that the de-

struction of the left tube was due to a twist in the pedicle which shut off the blood-supply from the tumor and resulted in the attack of peritonitis seven years ago, the adhesions from which furnished the tumor with sufficient blood to prevent gangrene.

THERAPEUTIC NOTES.

The Use of Xeroform in the Spanish Army in Cuba.—

NOGUERA (*Rev. de Ther. Med.-Chir.*, August 1, 1899), who had occasion to employ xeroform in a number of wounds produced by firearms and swords during the late Cuban war, concluded that it is a powerful antiseptic capable of rendering great service in military surgery. If it does not produce a more active cicatrization than other antiseptic powders, it has the property of absorbing and sterilizing the secretions of the bloody surfaces, thus keeping the wound perfectly dry and protecting it from secondary infection. These properties make it especially valuable for the first dressing of a wound on the field of battle. For the same reason it is useful in hospitals in which attendants are few and not especially well trained. It stimulates the formation of small, firm granulations. Sprinkled on a denuded surface it does not cause pain or irritation. It is not absorbed and therefore does not give rise to intoxication. It is far superior to iodoform and costs less.

The Treatment of Furunculosis of the Ear.—LAMAN, OXEL and MULLER (*Revue de Ther. Med.-Chir.*, August 1, 1899) recommend for use in furunculosis of the external auditory canal an ointment composed as follows:

R	Zinci oxidi	. . . . .	3 j
	Acidi carbolici	. . . . .	gr. x
	Vasellini alb.	. . . . .	3 j.

A sound is evenly covered with a layer of cotton upon which the ointment is smeared. This tampon should have a cylindrical shape possessing the same diameter throughout. The greater the swelling of the auditory canal the greater should be the pressure of the tampon. As the swelling disappears the size of the tampon may also be reduced. In order to saturate the tampon thoroughly, it should be twice heated over a lamp and three times immersed in the ointment. The external auditory canal should be douched with a solution of lysol, 20 drops to a glass of water, before the tampon is introduced. The tampon must be large enough to encounter considerable resistance in its introduction. In most cases the first introduction will be extremely painful, but this pain will begin to disappear in four or five minutes. If it fails to do so, the tampon should be withdrawn and a slightly smaller one introduced. The tampon should not protrude beyond the auditory canal. It should be withdrawn after twenty-four hours and the canal syringed. It may be reintroduced if necessary. In ninety per cent. of the cases three applications will be found to be sufficient.

Treatment of Leprosy by Injections of the Oil of Chaulmoogra.—TOUTOULIS-BEY (*Rev. de Therapeut.*, August

15, 1899) treated a patient by injections of the oil of chaulmoogra in order to save the patient the disgust which its odor produces and to avoid the gastric disturbances which follow its administration by mouth. He injected subcutaneously 5 grams (75 minims) of the oil every second or third day. A little pain followed the injection, but there was no inflammatory reaction. The appetite was better than when the oil is taken by mouth, and the nausea and vomiting were altogether avoided. A patient who in 1894 received 128 injections during seven months, recovered the function of his sweat-glands which had been wholly lost. In 1896 106 injections were made. The normal color of the skin reappeared, and the fingers, which up to this time had been flexed, could again be straightened. In 1897 he received 87 injections; in 1898, 50, and in 1899, 33. In all he received about 90 ounces of the oil, each injection representing about 220 drops. The only trace of leprosy which remained was a single nodule in the ulnar region.

Urotropin as a Disinfectant of the Urinary Tract in Cases of Typhoid Fever Attended by Typhoid Bacilli in the Urine.

—M. W. RICHARDSON (*Jour. Mass. Assoc. of Boards of Health*, July, 1899) presents the following conclusions: The cases investigated by the writer number one hundred and four, with twenty-three positive results. (1) Typhoid organisms are present in the urine of about 25 per cent. of the cases. (2) The number of the bacilli is often enormous. Indeed, the urine may be distinctly cloudy simply from the organisms present. (3) The bacilli may persist in the urine for weeks, months, or even years after convalescence begins. (4) The virulence of the bacilli obtained from the urine was tested in one instance, and their pathogenic power equalled in every respect that of cultures obtained from the internal organs and the stools. (5) The urine of typhoid patients should, therefore, not only be rigorously disinfected during the disease, but should also be supervised carefully during convalescence.

Studies upon methods for remedying this condition resulted as follows:—(1) Irrigation of the bladder with boric acid (5 per cent.) was of no avail. Corrosive sublimate (1 to 7000) was effective. (2) Salol by the mouth, 10 grains three times daily was effective in a single case. In two cases the bacilli persisted in undiminished numbers. (3) Urotropin was used in nine cases in a dosage of 10 grains three times daily, and with excellent, not to say extraordinary, results. In every instance the organisms were removed. Moreover, this happy result was obtained oftentimes in twenty-four to thirty-six hours; and a urine which had been cloudy with bacteria would in two days become absolutely clear. In two cases, when the urotropin was stopped the bacteria returned to the urine; but a second or third dose of the drug sufficed to remove them entirely.

We have, then, before us a condition, and a remedy for that condition,—a condition the importance of which was recognized nearly ten years ago, but which has never received the attention which it has deserved. The urines in typhoid fever have been utterly neglected, while the stools were rigorously disinfected. The urines are much

more to be feared than the stools. To be sure, only 25 per cent. of the cases show infected urines; but the enormous number of the bacteria, and their persistence into convalescence, makes them extremely dangerous, not to the patients themselves,—for they are, of course, immune,—but to those in their environment. We keep our diphtheria patients in quarantine until their throats are free from Klebs-Löffler bacilli. Is it not just as important that typhoid convalescents should be subjected to equally strict supervision? The answer to this question must be in the affirmative. How shall this supervision be carried out? In the first place the urines as well as the feces must be carefully disinfected throughout the disease. Then, as the temperature reaches the normal point, the urine should be examined bacteriologically, to determine the presence or absence of bacilli. If no bacilli are found, then, of course, no active measures are indicated. Before the patient is allowed to go abroad, however,—that is to say, after from two to three weeks,—a second and final examination should be made. If the urine at the beginning of convalescence shows typhoid bacilli, then urotropin should be given in 10-grain doses three times daily for a week. A week after the administration of the urotropin has been stopped, the urine should be examined again. If there are, at that time, no bacilli present, the patient may be released from supervision.

Benzoinol and Resorcin in Diseases of the Throat.—BLAIR (*Albany Med. Annals*, August, 1899), having tested the various mixtures of resorcin and benzoinol in diseases of the nose and throat, has adopted the following formula as the most satisfactory:

R	Resorcin	.	.	.	.	.	gr. lxxx
	Eucalyptol	.	.	.	.	.	gr. x
	Menthol	.	.	.	.	.	gr. xx
	Benzoinol	.	.	.	.	.	oz. iv.

This mixture possesses the soothing properties of benzoinol which, when applied to the mucous membrane of the nose, will not cause a flow of secretion, and it also has the anesthetic, analgesic, and healing properties of resorcin, menthol, and eucalyptol. It has been used successfully in whooping-cough when sprayed into the nose, larynx, and lungs. In hay-fever and asthma it affords marked relief. In acute laryngitis and aphonia it easily displaces the use of cocain, to which it is far superior, in that it may be used freely without fear of the pernicious after-effects which follow the repeated use of cocain. It is non-poisonous in the dose recommended. The claims made for benzoinol and resorcin compound are thus summed up: It is markedly anesthetic and analgesic. It is antiseptic, astringent, non-poisonous, non-irritating, and healing. It is not suggestive of the drug-shop as iodine, iodoform, and carbolic acid. It has a wider range of effective application than that of any other formula for an atomizer with which the author is familiar.

For Follicular Tonsillitis and Pharyngitis.—

R	Sodii salicylatis	.	.	.	.	3 ii
	Potassii chloratis	3 iv.

M. Sig. Dissolve in one pint of hot water and use as gargle.—*Vansant*.

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SATURDAY, NOVEMBER 4, 1899.

THE MEETING OF THE NEW YORK STATE MEDICAL ASSOCIATION.

THE committee of arrangements for the recent meeting of the State Medical Association has abundant reason to congratulate itself and be congratulated on the fruition of its efforts in the great success that crowned this year's session. There has been too much of a spirit of *laissez aller* about the arrangements for the Association's meetings in the past and the enthusiasm evoked by the success of the recent session has been a surprise even to the members themselves. At the meeting last week more than 200 members were registered, while including guests the registration of those in attendance exceeded 300. On Wednesday afternoon, during the interesting discussion on typhoid fever, Hosack Hall at the Academy of Medicine was so crowded that its seating capacity was overtaxed and some of those in attendance were obliged to stand. For the first time the committee was able to secure reduced fares from the railroads on the certificate plan, there being more than 100 members in attendance from outside the city.

The presence at the reception to Drs. Keen, Osler, and Fitz of the most prominent members of the profession in New York City shows how interested all are in this latest phase of the Association's existence.

THE SAVING GRACE OF KNOWLEDGE IN VENEREAL DISEASE.

OUR universities throughout the country have just opened for the year, and hordes of young men, the promise and hope of the land, are already gathered at them. Fortunately or unfortunately, in these later years most of the large universities are situated in the midst of great centers of population. As a consequence, the young man, taken away from conservative home influences at a most susceptible period of life, is set down where the temptations to acts of immorality are only too appealing.

To be forewarned is to be forearmed. One of the points most insisted on, and the subject of a special recommendation at the recent International Conference for the Prevention of Syphilis and Venereal Disease (MEDICAL NEWS, September 30, 1899), was that the youth of all countries should be instructed as to the true significance of venereal disease, and the consequences that immediately and remotely pursue its victims. We have repeatedly taken occasion to call attention to this matter in the columns of the NEWS, and now that distinguished English, German, and French specialists have united in insisting on the necessity for the spread of information on this subject, during the educational period, among the youths of all countries, we deem it appropriate to again direct the attention of the members of university faculties here in America to their serious responsibility in this matter. As Mr. Jonathan Hutchinson said at the Brussels conference, wherever young men congregate there should be furnished to them instruction on the dangers of prostitution and venereal disease.

This is, of course, directly opposed to the Puritanic notions that rule public opinion here in America with regard to this delicate question. We have been accustomed to ignore the existence of the evil, as if, forsooth, our too willing ostrich-like blindness would suppress what we do not see. It is no longer the custom to think that ignorance is innocence. To deliberately suppose that the silence

of education in regard to this subject will foster either innocence or ignorance when so many agencies in our modern life are flaunting its presence would be unmitigated foolishness. The young man is given abundance of information on the subject from any and every source except the proper one.

Of late years the medical profession has learned to regard venereal disease as a much more serious matter than formerly. We now know that in its so-called milder form it is not a simple, readily curable disease. We know that infection and infectiveness may persist for years, sometimes all unknown to the patient. We know that the mutilating operations so often necessary in the case of young wives are frequently due to unconscious venereal infection from the husband. We know that the childlessness of families is not due entirely to barrenness on the part of the wives. We know that in a goodly number of the cases (at least one-fourth) the husbands are responsible. Saddest of all, even when it is a pathological condition in the wife that prevents conception, we know only too often that the condition has been acquired from her unsuspecting husband.

We do not exaggerate; we are stating conditions simply as they appear to medical men at the present time. Much of this comes as a distinct surprise to the lay mind, but it is commonplace in medical circles. We owe it to our young men that they should know something of this. One of the sad things in life, as the physician sees it, is the realization that much of this physical evil is incurred through ignorance. This is all wrong. Let the teaching faculties brush aside this false modesty and incorporate into their bodies a properly qualified medical man who shall speak with authority and with frankness of this great and growing personal and social evil.

We have spoken only of what is called, forsooth, the milder form of venereal disease. Of the dangers of the severe type even medical men seem scarcely as yet to have sounded all the depths. We do know that syphilis has a causative relation to the most serious of mental diseases, general paralysis of the insane, and to the worst and commonest of nervous diseases, tabes, or locomotor ataxia. Whether it may not bear etiologic relations to such severe constitutional diseases as pernicious anemia,

diabetes, and other fatal affections remains an open question. We are not syphilophobists, nor do we think a preceding syphilis responsible for every pathologic condition that may develop in after life; we are only feebly expressing the truth as to the new significance syphilitic disease is acquiring in the minds of medical men.

The specialists at the Brussels conference declared that this disease is on the increase all over the world. Each year the duty of disseminating information as to its dangers is becoming more urgent. The duty of university faculties in the matter is to our mind perfectly clear. The young man must not be permitted to gather his information on so important a subject from quacks and charlatans who are interested in exploiting his curiosity and working on his fears. He should be taught by some one he can trust all the modern significance of venereal disease and the dangers to which he exposes himself when he incurs the risk of it. Far from proving an incentive to immorality such information would be a priceless help to the high moral principles that must eventually be his safeguard.

ECHOES AND NEWS.

The Southern Surgical and Gynecological Association.—The Twelfth Annual Meeting of this Association will be held in New Orleans, La., on the 5th, 6th, and 7th of December.

The Charlotte Williams Hospital.—The new public hospital at Richmond, Virginia, is to be named the Charlotte Williams Hospital, in memory of a daughter of Mr. John L. Williams, and that gentleman has contributed \$100,000 toward its endowment.

Chicago's Death-Rate.—A total of 495 deaths was recorded in Chicago during the week ending October 23d, being 76 more than the previous week, and 130, or 35 per cent. more than the corresponding week of 1898. This increase is largely due to diphtheria.

Fire in a Hospital.—The City Home and Hospital Building at Findlay, Ohio, was destroyed October 23d by fire, the cause of which was an electric wire. The patients were removed, the last being taken out but a moment before the walls fell. The loss is \$60,000.

Diphtheria at Princeton, N. J.—The Public Schools of Princeton were declared closed on October 24th for two weeks on account of the appearance of diphtheria in various parts of the town. The disease is said to be of a mild type and, although it is pretty well diffused through-

out the city, it is thought that the closing of the schools will prevent its further dissemination.

A \$1000 Fee.—Coroner's Physician Meshon has sued the city for \$1000, the amount of the fee which he declares is due him for conducting an autopsy on the body of H. C. Barnet, who died under circumstances similar to those that obtained in the case of Mrs. Adams, as a result of which Roland B. Molineux is to stand trial on a charge of murder. From the amount of this fee we should judge that the coroner's physician's perquisites greatly overbalance his salary.

Hospital Ship for British Soldiers.—On October 27th the British Government gratefully accepted the offer of the American women in England to equip the steamer "Maine," which has been lent without charge by the Atlantic Transport Company as a hospital for use in South-African waters. This is the same company, an American company by the way, that donated the steamer "Missouri" for use as a hospital ship by the War Department during the Spanish-American War.

Antivivisectionists at the Paris Exposition.—Dr. Luigi Galvani Doane of the Antivivisection Society states that the Society has decided to carry on its missionary work at the Paris Exposition, and that a building will be erected outside the Exposition grounds, in which exhibitions will be given illustrating the methods of the vivisectionists. Literature will be distributed, giving statistics as to the extent of vivisection, and also many alleged arguments from noted surgeons and scientists, explaining the impossibility of applying to human beings the facts demonstrated upon living animals.

Dowie, "the Divine Healer," Mobbed.—John A. Dowie, "the divine healer," was mobbed at Hammond, Indiana, on the night of October 27th, while attempting to deliver an address. He was chased by a yelling crowd, and had he not caught a flying trolley-car just ahead of his pursuers, he would have been seriously injured. Every window in the car in which he took refuge was smashed by stones thrown at him. This demonstration was on account of the death of a little girl afflicted with scarlet fever who was treated by Dowie. The Hammond people believe she might have recovered had she received the treatment of a regular physician.

London Insane Statistics.—There is reason for congratulation that no such condition of affairs exists in American institutions for the insane as is made evident in the report of the London County Council, in which are published statistics of the insane in the public asylums of London. The entire insane population of the public asylums of New York State, for instance, was 21,000 at the close of 1898, while in the institutions of London at the same period there were 14,000. Thus, London, which has a population of not much more than half that of the State of New York, has an insane population of two-thirds as many. Again, in New York the entire net increase in the number of the insane for some time past has not exceeded 650 in any one year. London shows an annual increase never less, in some years greatly exceeding this number.

Asphyxiation by Illuminating-Gas.—A case of accidental death of a prominent man from illuminating-gas has been recently reported at Syracuse, N. Y. The stop-cock of a gas-burner in his sleeping apartments was found partially turned on. A narrow escape from a similar accident recently occurred in a prominent mansion on Madison avenue, New York. It was found that the stop-cock was very loose and easily turned; a hand-glass was hanging suspended by a ribbon from the stop-cock. When the person was rescued the stop-cock was found partly turned, and the only satisfactory explanation of the accident is that when the gas was turned off the hand-glass was accidentally set swinging, and the pendulum-motion gradually turned the gas on. *Ergo*, never hang anything on the stop-cock of a gas-fixture.

A Hospital Thief.—A man forty-five years old, in overalls, with tape-line and measures, called October 27th at the Memorial Hospital, at Orange, New Jersey. He told the matron that he had been sent by the local electric company to see what repairs were needed in the electric-lighting system in the hospital, and also to measure the nurses' home for wiring. He was permitted to enter the various rooms. Where there were occupants he made careful measurements and seemed so faithful a worker that he was left alone. When alone he seemed to have neglected electricity for more remunerative work. He took from various rooms money, watches, and personal trinkets. When he had finished he went back to the matron and chatted with her pleasantly a few minutes before bidding her good-bye. He had been gone several hours before the robbery was discovered.

Civilian Surgeons Aid the British Army.—Sir William MacCormac, President of the Royal College of Surgeons and Surgeon-in-Ordinary to the Prince of Wales, has offered, with two other civilian colleagues, to act as consultants at the front in South Africa. Professor MacCormac, whose experience with surgery in the field is unrivaled among Englishmen, has acted in accordance with the view of the Director-General of the Army Medical Department, who considered it would be desirable to have consulting surgeons of large experience with each force. These surgeons would be especially useful in cases for major operation and would relieve the already busy ordinary surgeons of great anxiety and responsibility. During the Franco-Prussian War there were many leading Germany civilian surgeons, and in the Russo-Turkish War many Russian civilian surgeons, and Dr. Nicholas Senn in our recent war gave his services to the Army in a consulting capacity.

Navy Needs More Doctors.—The strongest recommendation in the annual report of Surgeon-General Van Rypen, which was made public on October 23d, is that relating to an increase of the Medical Corps of the Navy. The enlisted force in the Navy has been increased during the past two years, and the Marine Corps has been increased by 3000 men; but there has not been made any provision for a corresponding increase in the Medical Corps, which is charged with the health of these men. Every surgeon who is not sick is on duty and the department has

been unable to supply surgeons for needed recruiting and other duties. It is recommended that five surgeons and twenty assistant surgeons be added to the corps, and that five of the volunteer surgeons who served in the war be transferred to the regular rolls. It is earnestly urged that the naval assistant surgeons be placed on an equality with those of the Army in pay and rank.

The Boer Hospital Service.—It would seem that in the present war the Boer hospital service, concerning which much has been said in depreciation, is in reality very well equipped. The Transvaal has the orthodox Red Cross Society and an efficient St. John's Ambulance Society as auxiliaries to the regular military medical corps. The latter is well equipped, although numerically weak. Several railroad trains have been made ready, fitted with swinging beds and all modern conveniences for alleviating suffering. The women of Pretoria and Johannesburg responded nobly to the invitation to do volunteer duty in nursing "for the sake of their Lord and their country," as the pathetic appeal read. It is said the English nurses have been put out of the hospitals at Johannesburg, the physician in charge insisting that "English women are not fit to nurse the Dutch."

Officers of the New York Medical Association.—The following officers were elected to serve for the ensuing year: President, Dr. E. D. Ferguson of Troy; vice-president for the First district, Dr. Charles H. Glidden of Little Falls; vice-president for the Third district, Dr. J. M. Farrington of Binghamton; vice-president for the Fourth district, Dr. W. H. Thornton of Buffalo; vice-president, for the Fifth district, Dr. J. C. Bierwirth of Brooklyn; treasurer, Dr. E. H. Squibb of Brooklyn; secretary, Dr. M. C. O'Brien of New York City. Council, First district, 1900 term, Dr. Douglas Ayres of Fort Plain; 1901 term, Dr. Charles Munger of Knoxborough; Second district, Dr. E. M. Lyon of Plattsburgh; Third district, Dr. W. L. Ayer of Owego; Fourth district, Dr. M. W. Townsend of Buffalo; Fifth district, Dr. Frederick Holme Wigg of New York; member of Council at Large, Dr. Joseph D. Bryant of New York City.

Tuberculosis in Old Papers.—The New York State Board of Health has received a communication from the Board of Health of Michigan stating that twenty clerks in that State, who were working over several volumes of records, were taken ill with consumption and had died. The books were examined by a bacteriologist, who found them full of tubercle bacilli. It is thought that they became infected from a clerk who had consumption, and who had the habit of moistening his thumb with saliva when he turned a page. Twenty clerks employed in a German labor bureau were recently taken ill within a short period of time, all of them having worked over records which upon examination by a bacteriologist were found to be infected through and through with tubercle bacilli. Investigation proved that the books had probably been infected by a consumptive clerk who had the habit of moistening his finger in his mouth whenever he turned the pages of a book. Thus all the books had become thoroughly infected.

The Alvarenga Prize.—The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, amounting to about \$180 will be made on July 14, 1900, provided that an essay deemed by the Committee of Award to be worthy of the prize shall have been offered. Essays intended for competition may be upon any subject in Medicine, but cannot have been published, and must be received by the Secretary of the College on or before May 1, 1900. Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author. It is a condition of the competition that the successful essay or a copy of it shall remain in possession of the College; other essays will be returned upon application within three months after the award. The Alvarenga Prize for 1899 has been awarded to Dr. Robert L. Randolph of Baltimore, Md., for his essay, entitled "The Regeneration of the Crystalline Lens; an Experimental Study."

Lockjaw Due to Vaccination.—A despatch from Newburgh, N. Y., announces the death of a young woman "from lockjaw brought on by vaccination." The despatch adds that "she was vaccinated in accordance with a compulsory vaccination law." It is quite worthy of belief that lockjaw did follow compulsory vaccination in this case. It is still more worthy of belief, however, that the lockjaw was a post hoc rather than a propter hoc. Lockjaw is a specific disease, the result of a specific infection, and has no more to do with vaccination than it has with a simple scratch upon the skin or an injury to the foot. The germs of tetanus may gain access to the human system through the delicate wound made by the vaccinator just as they may through any other wound. The occurrence, however, is a rare accident, and is entirely irrelevant to the merits or demerits of vaccination as a protection against smallpox. Certain localities seem to harbor the cause of lockjaw, rendering the simplest abrasion of the skin liable to be attended by the most serious possibilities. Newburgh may possibly be such a region, but whether it is or not, the unfortunate event announced in the despatch should not for a moment check the confidence of any sane person in the beneficent effects of vaccination. The more recent report that four children in one family at Highland Falls, near Newburgh, are dangerously ill from probable tetanus following vaccination adds color to the suspicion that that neighborhood is a tetanus-breeding region.

MEDICAL MATTERS IN NEW YORK.

DEATH OF DR. PHILIP SCHEU—DELMONICO FARE AT BELLEVUE—CHAMPAGNE STATISTICS—SMALLPOX CASES—HEBREW CHARITY—NEW DISPENSARY OPPOSED—OCULISTS FAVORED IN DISPENSARIES—GROUNDLESS ARREST OF PHYSICIANS—THE STATE MEDICAL ASSOCIATION.

DR. PHILIP SCHEU died October 21st of meningitis. He graduated from the College of Physicians and Surgeons and the College of Pharmacy, and was a member

of County Medical Society and the Physicians' Mutual Aid Association. He was forty-one years old.

Maggie Clancy was formerly a laundress in the employ of Charles Delmonico. On October 21st she was caught in an elevator in the Delmonico building, and her right leg was crushed. She was taken to Bellevue, where she is now convalescing. Every day a liveried man drives to Bellevue in a cab and carries to the bedside of Miss Clancy an immense basket containing a Delmonico dinner. She takes all she desires, being served the while by this Delmonico waiter, and then distributes the remainder among her sister patients.

The following statistics should gladden the heart of Dr. Hillis of this city, who has recently given forth a sort of scientific rhapsody in praise of alcohol. In 1898 the amount of champagne exported from France was 19,682,000 liters or bottles, valued at 91,327,552*f*. (£3,653,100). The export to Great Britain was 10,599,300 liters; Belgium, 2,778,700; Germany, 1,859,200; United States and Canada, 1,419,400; Russia, 498,500; Holland, 468,400; Sweden, 259,200; Denmark, 188,700; Austria and Hungary, 152,300; Switzerland, 141,400; Italy, 129,700; Australia, 125,600; Norway, 108,200; Argentina, 100,300, and India, 100,000.

A two-year-old child, living in the six-story tenement at 43 Washington street, was found by Dr. Somerset of the Board of Health to have smallpox. The child and its mother were at once sent to the Willard Parker Hospital. Charles H. Brown had been riding on street-cars in Manhattan and Brooklyn for several days before it was discovered that he was suffering from smallpox. He was taken to North Brother's Island in a moribund condition. He had been living in the Glenmore House on the Bowery, after which he went to the Clinton House on Myrtle avenue, Brooklyn. These places have been disinfected, and the sanitary inspectors are watching their lodgers closely.

The United Hebrew Charities celebrated its twenty-fifth anniversary in connection with the annual meeting and election of officers on October 25th. Dr. Lee K. Frankel, manager of the Society, gave in detail the result of his investigation of the alleged pauperizing influences of organized charity. "It is safe to say," he said, "that generally temporary distress is the primal cause of the application, and that as soon as the conditions which produce the distress are removed the application is no longer a burden to the Society."

Dr. Frankel emphasized the alarming increase of tuberculosis among the Hebrews of the congested tenement districts, and declared that owing to inadequate sanitation and the inefficient isolation of the victims of the disease on the part of the health authorities, all attempts of the Society to alleviate suffering caused by consumption had been practically futile. The total receipts of the Society for the fiscal year were \$149,748.02, and the disbursements \$151,155.48. During the year 4542 new applications for aid were received, and the number of recurrent cases was 18,722. During the twenty-five years of the Society's existence the total receipts had been \$2,514,859.53, and the disbursements

\$2,512,400.64. The number of patients treated was 323,361.

During the past week there was a hearing before Dr. Stephen Smith, of the State Board of Charities, of the application for a charter to be granted to the "Emanuel Hospital and Dispensary," which it was proposed to establish in East Broadway. The application stated that \$40,000 was available for the institution, and a further amount of \$60,000 had been promised. Members of the Medical League and a number of other physicians were present to oppose the granting of the charter; they insisted that the East Side is abundantly provided with hospitals and dispensaries, and, moreover, nearly the entire population of this district belongs to sick-benefit societies. It was claimed that the Gouverneur Hospital and the Beth Israel Hospital provide ample facilities for the neighborhood. Decision was reserved, although one of the directors of the proposed institution declared after hearing the arguments of the opposition that he would resign.

Louis L. Ferguson, Esq., president of the Optical Society, charges that there is collusion between physicians attached to free clinics and some of the ophthalmic hospitals and certain opticians, whereby the physicians obtain a commission from the sale of glasses to poor patients. Mr. Ferguson declares that dispensary patients having their eyes examined are given prescriptions for glasses written in cipher, and are directed to go to certain opticians to whom alone the cipher is intelligible. "This establishes a practical monopoly, and the favored opticians can extort from the patients the largest price possible." Mr. Ferguson cites a number of instances which he considers substantiate his charges.

Dr. Charles H. May, chief of the ophthalmic division of the Vanderbilt Clinic, with whom Mr. Ferguson corresponded on the subject, stated that in his clinic the prescriptions were formerly written in cipher in order to protect the patient against incompetent oculists. These prescriptions were known only to certain opticians of tried reliability. Thus the patients were insured perfectly fitting glasses and indirect recompense was provided to the clinic itself for the expense it is subjected to in supplying free glasses for patients too poor to buy them. The clinic did not receive a commission from its official opticians, but occasionally received lenses and instruments from them. At present the clinic, of which Dr. May is chief, does not make use of a cipher, but telephones the prescriptions to the official oculists.

The following incident illustrates one of the many dangers to which the reputable physician is exposed. Nora Seltz, of 520 Third avenue, died in Bellevue on October 18th from the effects of a criminal operation. Some days before this Miss Mary Reed, of the same address, called to see her, and finding that she was sick, went to Dr. Harry R. Purdy, who visited the patient knowing it to be a charity case, and that he would receive no fee. Dr. Otto Maier also attended on the same understanding. Immediately after her death both these physicians were arrested by Police Captain Delaney, and they both protested that they were in absolute ignorance of the fact that the woman was suffering from a criminal operation,

and stated that they had treated her for rheumatism. Each was put under \$1000 bail. At the inquest on October 27th many prominent physicians appeared to testify to the high standing of Drs. Purdy and Maier, but the good sense of Coroner Fitzpatrick rendered such testimony superfluous. The coroner, who was greatly surprised at Captain Delaney's action, dismissed the physicians without requiring explanations of them. They, however, demanded to be put on record, and so each testified concerning his connection with this case. Drs. A. A. Smith and Dr. W. J. Beveridge, house surgeon at Bellevue, testified that there was nothing to show that she was suffering from anything but rheumatism.

Several years ago a young woman in this city died of puerperal sapremia. Shortly before her death, in an ante-mortem statement, she accused a certain physician of having operated upon her. He declared that, although she had called at his office, he had seen her but once, and that, on finding her errand to be to importune him to induce an abortion, he had absolutely refused to treat her, that he had not prescribed for her, and that he had not examined her in any manner whatever. However, he was arrested and imprisoned; he was for a long time under bonds; his name was exploited in the public press in connection with the case, and he had to pay heavily, without hope of remedy, for the services of counsel, not to speak of loss of time, the injury to his practice, and the great mental strain to which he must have been put. Finally, after a number of weeks, his case came up before the grand jury, and that body, in refusing to indict him, placed the guarantee of the law upon the truth of his statement, and established his innocence.

The safest way, though from the experience of Drs. Purdy and Maier we see there is no absolutely safe way, is not to make any examination, digital or otherwise, except in the presence of a colleague, in such cases where one may be called upon to see a patient suffering suspiciously, especially from the more or less disastrous results of a criminal operation. Nor should we induce an abortion, however legitimate the object, without consultation and the assistance of a colleague.

Among those from outside the State in attendance at the meeting of the New York Medical Association last week was Dr. Simmons of Chicago, the editor of the *Journal of the American Medical Association*. He seemed especially pleased that the New York Association was having so successful a meeting, and evidently looks forward to a great increase of its influence and membership as the result of the enthusiasm aroused.

The Health Department submits the following report of contagious diseases for the week ending Saturday, October 28, 1899: Measles, 176 cases, and 8 deaths; diphtheria, 206 cases, and 29 deaths; laryngeal diphtheria (croup), 13 cases, and 8 deaths; scarlet fever, 117 cases, and 4 deaths; smallpox, 4 cases; chickenpox, 18 cases; tuberculosis, 151 cases, and 140 deaths; typhoid fever, 75 cases, and 20 deaths; cerebrospinal meningitis, 6 deaths.

MEDICAL MATTERS IN PHILADELPHIA.

[From Our Special Correspondent.]

CHARGE OF ALLEGED SALE OF STATE BOARD EXAMINATION QUESTIONS—DR. WILLIAM M. WELCH ON THE PRESENT MILD TYPE OF SMALLPOX—A FLOATING DISINFECTING PLANT AND HOSPITAL FOR THE STATE QUARANTINE—EXAMINATIONS TO QUALIFY PHARMACISTS—A DINNER TO DR. A. E. TAYLOR—ANOTHER OUTBREAK OF DIPHTHERIA.

PHILADELPHIA, October 30, 1899.

THE charges recently brought by one of the daily newspapers of this city, asserting that wholesale cheating had occurred at the recent State Board examinations, are being searchingly investigated by the members of the Board, and results of an interesting character are anticipated from this probing. It is freely acknowledged that prior to the last examinations held by the Board, certain examination papers were widely circulated, sub rosa, of course, and it is further alleged that these papers were official, and contained the exact questions asked at the examination in question. The sale of such papers was a matter of common and open comment in this city, but whether these papers were actually the result of some untoward leakage from official sources, or whether they were bogus documents, floated by some swindling individual among certain dull cliques in our medical schools—these are questions which the Board is exceedingly desirous of determining. These are malodorous stories to hold the public ear, whether true or false, and it is hoped that the investigation begun by the President of the Board, will effectually disprove their truth.

A description of the present mild type of smallpox prevailing in Philadelphia was the topic presented at the last meeting of the Philadelphia County Medical Society, held October 25th, by Dr. William M. Welch, physician-in-chief of the Municipal Hospital for Contagious Diseases. Dr. Welch attributed the origin of the present form of the disease to importation from the West Indies past year by refugees who, during the Spanish-American War, escaped from Cuba to our Southern States, where infectious foci were established, the disease later spreading to many Northern States. The prevalent type of the disease has been so mild and atypical that it escaped recognition in many instances, being most commonly mistaken for chicken-pox, pustular syphiloderm, and impetigo contagiosa, and this fact alone has much to do with its rapid and extensive spread. In this connection, Dr. Welch took occasion to remark upon the meager knowledge of contagious diseases possessed by the average young medical man, and to remonstrate with city health authorities in general for their attitude in disbaring students from the study of contagious diseases in city hospitals. "It should occasion no surprise that such mistakes in diagnosis occur," continued the speaker, "for young physicians have no instruction regarding the disease. This is not the fault of the student, or of the medical colleges, but of the Board of Health, and of hospitals where such cases are cared for were thrown open to students for instruction many epidemics of this and similar diseases would be prevented." Of 5500 cases of smallpox observed by the speaker,

never before had the type of the disease been so uniformly mild and uncomplicated as during the past year. The vast majority of patients have not remained in bed after the appearance of the eruption, and it has been a novel sight to see unvaccinated patients playing baseball on the grounds of the hospital within eight or ten days after their illness began. The number of smallpox patients at the Municipal Hospital during the past year was 128, all recovering. Of this number 122 were negroes, 92 of them of the male sex, and 110 never having been vaccinated. It is probable that but for the fact that vaccination is in this city widespread and thorough, an epidemic of large dimensions would have resulted from the freedom with which many of these unrecognized cases of smallpox mingled with the other population. The onset of this mild type of the disease differs only in a degree from that of the more severe form. It commences suddenly, often with a chill, or with a slight rigor; the temperature rises to from 101° to 105° F.; there is commonly irritation of the stomach, often intense; lumbar pain is an extremely annoying symptom; and, in adults, there is frequently severe headache. Dizziness and prostration are often absent, and the entire initial stage is so slightly marked that many of the patients are not even confined to bed. In from 48 to 72 hours after the onset of the rigor the eruption appears, the temperature dropping to normal, the other manifestations of the disease rapidly abating, and the disease being practically at an end. The eruption is scanty in most cases; absence of umbilication is often present; and the vesicles change to pustules in four or five days, then almost immediately shrink and begin to dry up. The comparatively slight changes in the skin is a notable point in the disease, the true skin being but little involved, the scabs of small size, and the appearance of pigmented spots taking the place of the usual pit of the severer forms of the disorder. The type of the disease under consideration presents a clinical picture like mild varioloid, although in almost every case there has been no previous vaccination.

The officers of the State Quarantine station at Marcus Hook, on the Delaware, are endeavoring to secure an appropriation for the construction of a floating infection plant and hospital for infectious diseases to supplement the somewhat inadequate facilities of their stations on shore. The proposed vessel will contain a disinfecting-apparatus for the use of steam, similar to that in use on the "Wadsworth," in New York Harbor, and in addition will make use of formaldehyd gas in the disinfection of articles which would be injured if exposed to steam. Adequate bath-and dressing-rooms for patients will be provided, as well as a spacious ward, containing thirty beds, for the reception of patients suffering with contagious diseases.

The members of the Pennsylvania State Pharmaceutical Board have just completed a week's session held for the joint purpose of examining applicants for registration as pharmacists and qualified assistants, and for considering action against violators of the State laws providing for the regulation of the sale of drugs and poisons. In all 236 candidates were examined, only 33 per cent. of

whom were successful. Of the total number of applicants 189 applied for registration as pharmacists, and 47 as qualified assistants. At present there are 7 cases awaiting trial in different courts throughout the State for alleged violation of the pharmacy laws, and the Board has also determined in about a dozen other cases that sufficient evidence has now been secured to warrant prosecutions, which will be begun at once.

The friends of Dr. A. E. Taylor, late of the Pepper Laboratory of Clinical Medicine, propose to tender him a complimentary dinner, in honor of his recent election to the chair of pathology in the University of California. The dinner will be given at the University Club on November 7th.

The total number of deaths occurring in this city during the week ending October 28th was 342, or a decrease of 42 from the number reported last week, and of 6 from those of the corresponding week last year. There were 103 new cases of diphtheria, with 19 deaths; 34 new cases of enteric fever, with 4 deaths; and 57 new cases of scarlet fever, with 4 deaths. The increase of new cases of diphtheria is so alarming that the health authorities have ordered an immediate inspection by the city medical inspectors of the public schools, with a view to preventing its spread among school children, by the immediate institution of prophylactic measures wherever needed. It is thought that a few of the schools will have to be temporarily closed for fumigation and disinfection.

MEDICAL MATTERS IN CHICAGO.

[From Our Special Correspondent.]

FREE CLINICS—DECISION AGAINST INDEPENDENT MEDICAL COLLEGE—MEDICAL INSPECTORS FOR SCHOOL CHILDREN—CONCEALMENT OF CASES OF SCARLET FEVER AND DIPHTHERIA BY DOWIEITES—VITAL STATISTICS—CONFERENCE OF STATE CHARITIES—PROVISION FOR EPILEPTICS AND INSANE—RESIGNATION OF DR. TICE—OFFICERS OF CHICAGO GYNECOLOGICAL SOCIETY—COMMISSIONER REYNOLDS SUSTAINED—REYNAUD'S DISEASE—PSORIASIS AND DERMATITIS HERPETIFORMIS.

CHICAGO, October 30, 1899.

FREE clinics at the Cook County Hospital is the object of a movement being agitated by the physicians and surgeons in this city. The County Board will be asked at an early meeting to abolish the law that now requires a medical student to pay \$5.00 per annum for the privilege of attending surgical and medical clinics. It is said that the County derives a revenue of from two thousand to three thousand dollars for tickets of admission to the clinics. Between seven hundred and eight hundred students attend them. Friends of the officials are given free tickets, and political influences secure the remission of other fees. It is proposed that all be treated alike by giving a ticket to each student regularly matriculated in any recognized college of medicine or surgery. Some limitation may be placed on the time of the student's residence in Chicago, so that Chicago students may be favored in preference to those who live in other cities or outside of Cook County. It is thought to make th

clinics free would be a popular thing for the County Board to do.

The decision of the Circuit Court of Cook County, which excluded the Independent Medical College from the use of its corporate franchises, has just been sustained by the Supreme Court of Illinois. This college, a part of the People's Institute in Chicago, was the successor of the Illinois Health University, the charter of which was revoked by the Supreme Court in May, 1897, for the fraudulent use of diplomas. A few months before the charter of the Illinois Health University was revoked, the Faculty started anew under the name of the Independent Medical College, selling diplomas for a consideration, even though the applicants had not attended an hour at the institution and had no knowledge of medicine. In one case a hostler, living in Pennsylvania, purchased a diploma for \$25.00. The Circuit Court of Cook County entered a judgment of ouster against this diploma mill on February 3d last. The college took an appeal from the judgment, which the Supreme Court now affirms.

Dr. W. S. Christopher in order to prevent the spread of contagious diseases has urged the employment of fifty physicians to examine children who have been absent from school four days or more. He presented his plan to the Board of Education and recommended it for adoption. The matter was finally disposed of at a subsequent meeting of the Board and \$20,000 appropriated for this year, to be paid out of the school fund. Dr. Christopher believes the inspection will show its value in a decrease in the number of deaths of children from scarlet fever and diphtheria, diseases which always follow the fall opening of the schools. He suggests that the medical inspectors should examine the throats of the children and then make cultures for bacteriologic examination.

Attorney Barnes of the State Board of Health, it is said, will investigate cases where believers in Dowieism have concealed the existence of scarlet fever and diphtheria. As the result of disclosures made by the Health Department, as to the existence of these diseases among children, whose parents believe in Dowieism, the Board will urge the expulsion of Dowie's methods from the State at an early date on the ground that they are a menace to the public health.

An increased death-rate, which it was feared would result from exposure during the Fall Festival, is shown by the monthly report of the Health Department. Every event of public character tending to produce excitement and exposure is clearly marked by the mortuary records of the city from their beginning. A total of 495 deaths were recorded during the week, ending October 23, 1899, being 76 more than the previous week, and 130, or thirty-five cent., more than the corresponding week of 1898. The causes showing the most marked increase are apoplexy, Bright's disease, cancer, consumption, diphtheria, nervous diseases, pneumonia, etc. The weather conditions and the excitement and exposure during the Fall Festival are largely responsible for this increase, but the excessive death-rate of diphtheria, the highest for the year, is probably due to school diffusion of the contagion. Deaths from impure-water diseases con-

tinue steadily to decrease, keeping pace with the improving character of the public water-supply since lake dumping has been stopped. Only thirty-two deaths were recorded from these causes last week.

The Conference of State Charities will meet at Bloomington early next month to discuss such questions as the proper provision for epileptics, the care of the feeble-minded, provision for the insane, etc. It is well known that Illinois lacks proper provision for epileptics. The last Legislature appropriated \$25,000 to found an institution for their care, and the disposition of this fund and the necessary steps that should be taken for its location will come up at this Conference. Epileptic colonies have been established in New York and Ohio, and the establishment of such a colony in Illinois is greatly desired by the medical profession.

Many questions need thorough discussion from a purely local view. For instance, there are more than 1000 applications on file for admission to the Asylum for the Feeble-Minded Children at Lincoln which cannot be granted because that institution is already overcrowded. There is also insufficient provision for the insane, and Cook County is obliged to maintain at its own expense an institution for the insane of Chicago, which will not accommodate nearly all who ought to be admitted, so that patients are being discharged from it who should be retained.

Dr. Frederick Tice, head physician at the Dunning Infirmary, has tendered his resignation to the County Board, which has been accepted. He contemplates spending two years in study in Europe.

The following officers were elected at the last meeting of the Chicago Gynecological Society: President, Dr. T. J. Watkins; vice-presidents, Drs. Reuben Peterson and L. Frankenthal; treasurer, Dr. A. H. Foster; editor, Dr. Charles S. Bacon; pathologist, Dr. Emil Ries; secretary, Dr. William H. Rumpf.

Mayor Harrison has upheld Commissioner of Health Reynolds in his contention with the drainage trustees and the government contractors, that all dumping within the eight-mile limit was a menace to public life and health. He refused to modify the order issued by Commissioner McGann stopping all dumping within the prescribed limits when the representatives of the Sanitary Board waited upon him with a request that they be permitted to finish their work of excavating this fall and dump the refuse off Thirty-fifth street, as was formerly done. Mayor Harrison thought the sanitary district could better afford to expend \$15,000 or \$20,000 to utilize the basin off Lake Park Front than the city government could to allow the dumping to go on within a thousand feet of the shore, when in so doing the lives and health of the people were endangered.

At a clinical meeting of the Chicago Medical Society, held October 25th, Dr. Harold N. Moyer showed a case of Reynaud's disease in a man, thirty-five years of age, whose family history is free from neurotic heredity. Patient was twenty-seven years old when the present trouble began. Dr. Moyer did not consider it a typical case of this disease, as it was impossible in the description of the

patient to identify the three stages of pallor of the surface, hyperemia, and local asphyxia. In some respects the case resembled erythromelalgia. The pain was much greater than commonly occurs in Reynaud's disease, and the redness which accompanied the swelling persisted a long time preceding death of the part. The patient has had twelve attacks, covering a period of nearly eight years. In only two instances have the attacks occurred simultaneously in two parts; in every other instance the preceding attack was completely healed before the following one appeared. An interesting point was the absence of both the left and right radial pulses, due, he believes, to anatomical peculiarities entirely apart from the disease. It is, however, a significant coincidence.

Dr. L. C. Pardee showed a case presenting simultaneously the eruptions of psoriasis and dermatitis herpetiformis, each separate and distinct and uninfluenced by the other.

SPECIAL ARTICLE.

THE MALARIA-BREEDING MOSQUITO.

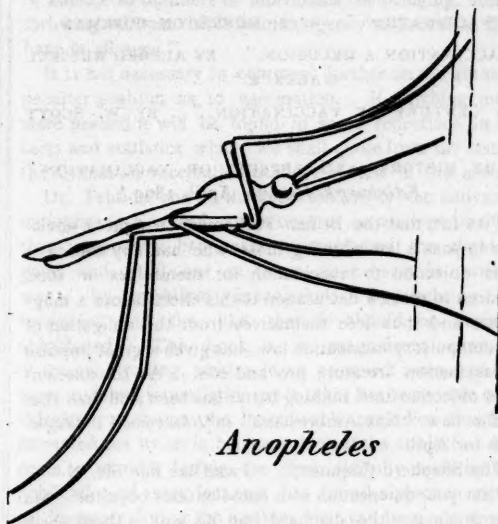
So much has been said recently about the genus mosquito which carries the malaria plasmodium that we have thought it would be of interest to our readers to know the following simple method of recognizing it. The accompanying illustrations are borrowed from the *British Medical Journal* for September 30, 1899. The easily recognizable trait of the genus *anopheles*, the only malaria bearer among the mosquitoes, is its attitude when resting on a wall. It differs in this very markedly from the genus *culex* which is the ordinary form of mosquito. The *British Medical Journal* says:

"In *anopheles* the axis of the body is almost vertical to the wall, while in *culex* it is parallel to the wall. The rough sketch above will suffice to show this. Hence any one who looks at a mosquito when it is seated—the time when it is best seen, of course—can tell at a glance to which genus it belongs. Popularly described, the tail of *anopheles* is said to "stick outwards," while that of *culex* points downward, or even a little toward the wall. In short, the *anopheles* when seated looks somewhat like a thorn affixed on a surface by the point. In *anopheles* the proboscis is directed toward the surface on which the insect happens to be; in *culex* it is directed parallel to that surface.

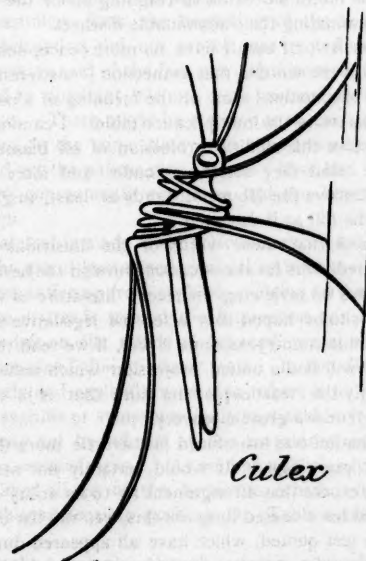
"Another striking difference is that in *anopheles* the wings generally have several dark spots along the anterior edge (to use popular language), while in *culex* the wings are generally plain. Ross says that this difference holds in all the mosquitoes seen by him, so that these characteristics must be pretty general. But nevertheless there are some known species of *anopheles* without spotted wings, and some known species of *culex* with them. A third difference is that in *anopheles* the proboscis appears peculiarly thick and long, giving the insect a pelican-like appearance. This is due to the palpi being held close to the proboscis."

Wherever the genus *anopheles* occurs there is danger of malaria. Other mosquitoes do not convey malaria so far as is known at present. The prophylaxis of malaria

consists in getting rid of *anopheles* and protecting people against it. They bite especially at night, passing the day in a dormant state in which they may easily be caught.



Anopheles



Culex

Where the *anopheles* mosquito occurs, patients suffering from malaria should protect themselves from the mosquito as it is by biting them that the insect gets its store of inoculable material.

For the Pruritus of Dentition.—

B	Cocainæ hydrochlorat.	. . . . .	gr. i
	Potassii brom.	. . . . .	gr. x
	Glycerini	℥aa.	3 iii.
	Aq. dest.	. . . . .

M. Sig. External use.—*Besnier.*

NOTABLE BOOKS.

RECENT NOTABLE BOOKS AND ARTICLES ON
VACCINATION."VACCINATION." BY S. MONCKTON COPEMAN.¹"VACCINATION A DELUSION." BY ALFRED RUSSELL
WALLACE.²"A CENTURY OF VACCINATION." BY W. SCOTT
TEBB.³"THE HISTORY AND EFFECTS OF VACCINATION."
Edinburgh Review, April, 1899.⁴

THE fact that the British Parliament thought it advisable to pass a law allowing those who had any conscientious objection to vaccination for themselves or their children to make a declaration to this effect before a magistrate and thus free themselves from the obligation of the compulsory vaccination law, has given a great impulse to vaccination literature pro and con. As to conscientious objection itself nothing better has been said than that in the new "Nox Ambrosiana" in *Blackwood's Magazine* for April.

The Shepherd (loquitor): "I wad like fine Mr. N—to hear your defenection of a conscientious objector. Ma conscience gin the shepherd had his wull o them there wad na be mony sic cattle stravagnin about the kintra-side disseminating their abominable diseases."

Kit North: "I own I have no more conception of the meaning of the word in that connection [conscientious objector to vaccination] than of the meaning of a conscientious objector to the multiplication table. I cannot, however, absolve the medical profession of all blame in the matter. Had they uttered a louder and more certain sound I believe the House of Lords at least, might have treated the bill as it deserved."

We think that these words of the illustrious North, worthily redidivus for the occasion, furnish the best reason we can give for reviewing the recent literature of vaccination. It is to be hoped that when the legislative struggle comes in this country, as come it will, if we read the signs aright, it will find a united profession which understands thoroughly the reasons for the faith that is in them as regards Jenner's great discovery.

Vaccination was introduced just a little more than one hundred years ago. It would certainly not seem too much to expect that all argument as to its utility or futility would have ceased long ere this, yet the list of works we have just quoted, which have all appeared during the last few months, seems to show that the question is still a living issue. The recent action of the British Parliament

in lightening the compulsoriness of vaccination, though this was concealed behind the veil of conscientious objection to the proceedings, came as a distinct shock to the medical world. It is a good rule that *audi alteram partem*, even though one may be sure *aliunde* that the other party is wrong. It is of special interest to physicians in this case to know something of what has been said on the other side, *i.e.*, by the opponents of vaccination, because their arguments are quoted often by the non-medical public as if they were unanswerable, and it behooves one to be prepared for them. We have ventured, therefore, to throw all the important protagonists together and discuss some of their opinions where the benefit of contrasting ideas will serve to show them in their proper light.

Dr. Copeman's book is a plain matter-of-fact statement of the important points with regard to vaccination. It is not a complete treatise and will perhaps be of little value to physicians who, interested in vaccination for years, have followed more or less carefully the literature of the subject, but it is the sort of book which gives the essential facts that are so frequently the subject of discussion. As Dr. Copeman was awarded a medal for certain experimental work on the bacteriology of vaccinia, and more especially for his important practical discovery of the influence of glycerin when mixed with calf-lymph in inhibiting and finally eradicating any adventitious micro-organisms that may be present, it is evident that his work on the subject will be thoroughly up to date.

The book while in certain respects a good compilation of what has been done in vaccination is especially valuable as the record of a large amount of patient and successful original investigation. Some quotations at the beginning of the book from contemporary records serve to show how prevalent smallpox was in England before the introduction of vaccination. The following from "Pages from a Private Diary," which appeared in the *Cornhill Magazine* for January of last year shows how ever present was the thought of smallpox to the people of the prevaccination era in England. Mrs. Waller writes to her son who was in exile from England at the time and wishes to know how much dowry he is prepared to give with his daughter.

"I am not in haste to marry her," she says; "she is young enough to stay, but the danger is if she should catch smallpox and her beauty should change it would be a great loss to her."

For medical men who may have any haunting fears that Jenner's work because done a century ago was unscientific in its methods or inexact in the conclusions drawn, will find that the brief succinct review of that work by Dr. Copeman will lay all their fears in this matter. Any doubts that may exist in fair minds as to the identity of vaccinia and variola, the former being only a modification of the latter, will be laid to rest by the careful, judicious review of all the observations that have been made on this subject, especially some convincing recent experiments.

It is a distinct surprise to find a man like Mr. Alfred Russell Wallace among the antivaccinationists. He was the discoverer at the same time with Darwin of certain

¹ "Vaccination; Its Natural History and Pathology," being the Milroy Lectures for 1898, delivered before the Royal College of Physicians of London. By S. Monckton Copeman. [Work honored by a medal of the College.] New York: Macmillan & Company, 1899.

² From "The Wonderful Century; Its Successes and Failures." By Alfred Russell Wallace. New York: Dodd, Mead & Company.

³ "A Century of Vaccination and What It Teaches." By W. Scott Tebb, M.A., M.D. (Cantab.). Second Edition. London: Swan, Sonnenschein & Company, 1899.

⁴ "The History and Effects of Vaccination." *Edinburgh Review*, April, 1899. A review of six recent books and articles on the subject of vaccination published in England.

principles of evolution, and his work since in biology has ranked him with the great scientists and thinkers of the century. When Mr. Wallace has anything to say he says it forcibly. His condemnation of vaccination is utter and unsparing. He says: "The operation is admittedly the cause of many deaths and of a large though unknown amount of permanent injury. The only really trustworthy statistics on a large scale prove it to be wholly without effect as a preventive of smallpox. It will undoubtedly rank as the greatest and most pernicious failure of the Nineteenth Century. It will be one of the inexplicable wonders of future generations that the delusion as to vaccination should have prevailed among men of science when progress in medicine was at its acme, at the close of a wonderful century of scientific discovery."

Mr. Wallace supports his position against vaccination by the usual arguments of the antivaccinationists: the decrease in the mortality from smallpox is due to the better sanitary conditions in the city and country, but not to vaccination. "Smallpox," he says, "other things being equal, is a function of density of population but pays no regard whatever to vaccination." One is sorely tempted to ask here if the population anywhere in the world 'other things being equal' has grown less dense in anything like the proportion that smallpox has become less frequent. Mr. Wallace holds up the crucial test of unvaccinated Leicester, with a very low death-rate. We note that very little is said of Gloucester whose bitter lesson of the fatal epidemic of a few years ago is a sad thorn in the side of the English antivaccinationists. The death-rate of unvaccinated Leicester from smallpox, some 15 per million, is compared triumphantly with the smallpox death-rate in the faithfully revaccinated army and navy, which is some 37 per million, but nothing is said of the much greater exposure of the army and navy to infection with the disease and that, too, very often under unfavorable conditions of climate and sanitation and hospital care.

The most telling reflections on Mr. Wallace's peculiar position with regard to vaccination are to be found in the opinions he advances on some other topics in the same book. For instance, in his essay on "The Neglect of Phrenology" he says: "In the coming century phrenology will assuredly attain general acceptance. It will prove itself to be the true science of the mind. Its practical uses in education, in self-discipline, in the reformatory treatment of criminals and in the remedial treatment of the insane will give it one of the highest places in the hierarchy of the sciences. Its persistent neglect during this last sixty years will be referred to as an example of the almost incredible narrowness and prejudice that prevailed among men of science at the very time when they were making such splendid advances in other fields of thought and discovery." Mr. Wallace stands absolutely alone among serious men of science in holding such opinions with regard to phrenology. They are on a par with his peculiar notions as to vaccination.

In his essay in the same volume on "Hypnotism and Psychical Research" he holds almost an equally extreme opinion. "Thought transference," he writes, "automatic writing, trance-speaking and clairvoyance have all been

demonstrated. The still more extraordinary phenomena of 'veridical hallucinations,' warnings, detailed prediction of future events, phantoms, voices, or knockings visible or audible to numbers of individuals, bell-ringing, stone-throwing without visible human agency still occur as they have in all ages."

It is not necessary to comment further on the author's peculiar position as to vaccination. If anything more were needed it will be found in some reflections on his facts and statistics which we shall quote from the last of the articles on vaccination that we review in this article.

Dr. Tebb is one of the great leaders of the antivaccinationists in England. His book is an attempt to show that vaccination has never accomplished the slightest good and as it has at times done harm in various ways, by syphilitic inoculations, by lighting up erysipelas and the like, that it should be entirely abandoned. The book is a magnificent example of special pleading, written in an assumed temper of the most guileless impartiality, yet it takes but very little consideration to detect the ineradicable prejudice that has animated the writer in his every look at the subject. Appeals to popular feeling are most skilfully made by the publication of every fact that has found a place in medical literature during the century that can be made in any way to tell or seem to tell against vaccination. A number of instances from the beginning of the century in which vaccination did not protect are quoted in detail. Not a word is said of the fact that defective technic sometimes led to apparent but not real vaccination in those early days. There might be a scar due to certain germs inoculated at the same time with the supposed vaccine virus and yet the patient may not really have had vaccinia at all and consequently not have had the benefit of its protection.

A great deal is made of the various epidemics of syphilis due to the use of humanized virus taken from the persons of patients suffering from syphilis. Owing to the way in which the matter is treated the impression can scarcely fail to be left on the minds of lay readers that such epidemics are also liable to occur now. In fact Dr. Tebb deliberately and explicitly says that "there is no guarantee that syphilis or symptoms indistinguishable from this malady may not be induced by the inoculation of either human or *animal virus*." As we know absolutely no animal, least of all any of the herbivora, which is liable to syphilis the indefensible position Dr. Tebb takes is evident.

It is only a sample, though, of the methods used throughout the book to sway the unthinking to his views. All the cases of leprosy that have ever occurred as the result of vaccination with vaccine lymph from lepers are quoted in minutest detail. The total of these is not very great but the lay reader by implication is worked up to think that perhaps the communication of leprosy by vaccine lymph is possible even in countries in which the disease does not exist.

As a good model of special pleading Dr. Tebb's work can be recommended without scruple to all those whose purpose in life is that of making the worse appear the

better part. That great purpose of the sophists of old is accomplished with a skill that even the most acute of Greek dialecticians would have envied. It would require the trenchant pen of Aristophanes to properly characterize it.

The article in the April number of the *Edinburgh Review*, on the "History and Effects of Vaccination" ought to prove a good antidote to some of the dangerous matter that has found its way into circulation as a consequence of the recent agitation over the Conscientious Objection bill in England. It contains especially an excellent discussion of "Sanitation and Isolation," the watchwords of the antivaccinationists. Sanitation and isolation, according to the opponents of vaccination, have accomplished all that has been done to limit smallpox in the past and will practically eradicate it in the future. It is pointed out by the writer in the *Edinburgh Review* that smallpox does not originate in filthy surroundings, and that, if introduced it may become epidemic in the most hygienic of country districts or in well-regulated towns. As for perfect isolation for smallpox it is an illusion. Before the disease has become distinct enough for diagnosis and yet while it is undoubtedly contagious, intercourse with healthy individuals is inevitable. It is vaccination that has reduced the mortality from smallpox during the present century and the hope for the ultimate eradication of the disease lies in this direction.

As to the danger from vaccination the last set of statistics carefully compiled in Germany shows one death to 100,000 vaccinations, delicate children especially being subjects of even this extremely small mortality. This mortality is not due so much to vaccinia itself as to complications. The inoculation of other infectious material with the vaccine matter has been the principal cause. Now that the use of vaccine lymph which has been kept in glycerin without access of light and air for some time practically assures absolutely uncontaminated vaccine material even this death-rate will be lessened.

We may close with a citation from Dr. McVail's "Vaccination Vindicated" which the writer in the *Edinburgh Review* quotes: "Dr. McVail refers to the statements of Mr. Alfred Russell Wallace and exposes an amount of inaccuracy in assertion and statistics that is amazing and lamentable and says: 'The rule is to believe no single word that an antivaccinationist as such says without obtaining independent evidence of the truth of his assertions. No matter what the position or absolute trustworthiness of the person in every other relation of life, yet when he comes to write on this subject his every statement demands the most rigid scrutiny.'"

A New Application of the Roentgen-Rays—The most recent application of the Röntgen-rays is in the study of what may be called prehistoric zoology. Skiagraphs of the mummied animals in the British Museum have been taken on a large scale for the purpose of comparing the skeletons of the sacred monkeys, etc., with those of existing species. Several curious resemblances and some striking differences have already been made out in this study.

CORRESPONDENCE.

OUR LONDON LETTER.

[From Our Special Correspondent.]

THE OPEN-AIR TREATMENT IN LONDON—TIDE OF LONDON MEDICAL STUDENTS TO THE TRANSVAAL—TWO NEW HOSPITAL SHIPS FOR SOUTH AFRICA—OPENING OF THE SCHOOL OF TROPICAL MEDICINE—DR. PATRICK MANSON'S "POLICY OF THE RAT-TRAP"—POSITION OF MEDICAL WOMEN IN LONDON—FILTHINESS OF OPORTO—MEETINGS AND METHODS OF LONDON MEDICAL SOCIETIES—POST-GRADUATE WORK IN LONDON—INDEPENDENCE OF HOSPITAL PATIENTS.

LONDON, OCTOBER 22, 1899.

THE report of the Medical Registrar of the North London Hospital for Consumption at Hamstead, which appeared last week is a most encouraging document. Of 183 patients treated since January last no less than 43.7 per cent. have left the hospital apparently cured and returned to work and of these none who has continued to follow out the methods of living and diet in which he was carefully instructed has as yet relapsed. Distinct improvement occurred in 32.3 per cent. additional patients and slight improvements in 7.6 per cent. About 14 per cent. failed to improve and 4 per cent. died. If results like this can be secured on the edge of and often actually in the fogs and damps of London, every city should certainly have its municipal sanatorium.

The horrors of war are already being experienced with surprising promptness in the most unexpected quarter of the profession, and that is in the London post-graduate schools. The Army Medical Department is so short-handed that not only have nearly all the medical officers been either recalled to duty or detailed for South Africa, but quite a considerable number of the class of younger medical visitors to London, intending to take special hospital work, has been attracted by the opportunity for experience and adventure offered by service in South Africa. It is certainly not the salary that attracts them, for that appears to range only from about \$1400 to \$1800 a year. Altogether the effect on the London schools depending largely on post-graduate students, such as the Polyclinic, West London, and School of Tropical Medicine has been extremely disastrous. Some of them have lost as many as twelve or fifteen entered students from this cause alone. Professor Ogston's prognostications at the Portsmouth meeting seem to be coming true to the letter already, as the Army Department finds itself so extremely short-handed that its first step is to issue a call for civilian medical volunteers. In spite of the small salary we understand this has been promptly and largely responded to.

Another medical preparation for the contingencies in the Transvaal is of a more gratifying character, in the shape of two hospital-ships which have been specially fitted up for this emergency. Two Union Cape liners, "Spartan" and "Trojan", have been chartered for the purpose, and one of them has already been turned into an admirable floating hospital equipped with the latest electric fans for ventilation, sixty-five swing-cots so ar-

ranged that they can sway with the motion of the vessel or be locked absolutely steady, sisters' quarters and medical-officers' quarters. A most important part of the equipment, of the need of which in tropical warfare our terrible experience before Santiago served as a magnificent object-lesson to the civilized world, is a huge carbon dioxide refrigerating-machine capable of turning out half a ton of ice per day. The operating-room is placed in a superstructure on the upper deck and is beautifully fitted up with the latest mechanism in operating-tables. A complete Röntgen-ray apparatus for the localization of bullets finishes this almost ideal equipment. As the heaviest part of the fighting is expected to occur from within sixty to a hundred miles of the coast a floating hospital of this description in the sea air will be a perfect godsend to many a poor fellow in the stream of wounded pouring back from the front.

The School of Tropical Medicine opened last week with a small, but in view of the terrible depletion of post-graduate London already referred to, a fairly satisfactory attendance. As this school, which expects to draw chiefly from Colonial medical officers, many of whom have been recalled to their posts, in addition to the army medical men, it can hardly be expected that its first attendance will reach any very considerable figure until the present war tension is removed.

Among the addresses that were delivered at the opening of the hospitals recently three have attracted general attention, not merely in the profession but in the daily press. First of these was the admirable address of Dr. Patrick Manson, at the opening of the School of Tropical Medicine, in which he graphically depicted the great public and professional advances which were to be hoped for from the newly opened campaign against the plagues of the tropics. His epigrammatic characterization of the fight against the bubonic plague, malaria, and the cholera as a campaign of the rat-trap, the mosquito-net, and the tea-kettle, was an admirable one and has stuck in the popular mind. He said that for fifteen years past he had been coming more and more to suspect the rat as the sole vehicle of contagion from one human being and from one epidemic to another in the case of bubonic plague and that the recent reports of the Plague Commission had more than sustained his pioneer position. His studies upon filariasis had led him to much the same conclusion in regard to malaria. As to cholera, it was agreed on all hands that its only vehicle is the drinking-water, and that by boiling or filtering this practical immunity could be secured, although it is earnestly to be hoped that a wider-reaching and earlier method of breaking the fatal chain of infection will be discovered ere long.

The second address which attracted special attention was that of Professor Sims Woodhead of Cambridge before the Royal Veterinary College, which all regard as an encouraging omen of the closer relations which are continually being established between the human and the veterinary practitioner, and in which each will be strengthening the hands of the other so immensely in both the study and the prevention of disease.

The third was the witty address of Dr. Garrett Ander-

son at the opening of the London School of Medicine for Women, which derived special importance from the fact of their entering upon the use of at least a portion of their fine new building. Dr. Anderson took the wise, and under the circumstances, the philosophic position that for the present at least a school for women only is to be regarded as preferable to an attempt to secure a mixed school. The prospects in London in the last respect are not at all as much superior to those of ten years ago as one would wish. None of the great medical hospital schools and comparatively few of the great hospitals will admit women either to their teaching or practice, and even post-graduate institutions like the Polyclinic find themselves compelled by the opposition of patients and of the mass of their male students to content themselves with trying to form separate classes and clinical demonstrations for women students alone. The objection to women physicians as such has unquestionably softened down greatly both in the profession and in the community, but at the same time there appears, to an American at least, a positively ludicrous dread on the part both of the undergraduate and the post-graduate medical student of meeting women in classes, lectures, or clinics.

Medical experts have for the most part vigorously contended all through the recent, but we trust now diminishing, plague scare, that the bubonic plague could practically find no footing in any part of *civilized* Europe and now comes a full report of the state of affairs at Oporto which abundantly explains how the plague succeeded in getting its extremely insecure and slight foothold in a city which was supposed to be civilized. This cheerful town has the fourth highest death-rate in Europe, no water-supply to speak of, no regular system of drainage or of disposing of refuse, and its poorer classes live twelve or more in one room. The poverty of the people is abject, the average wage is about thirty cents a day, and the diet salt codfish and potatoes. If a patch of soil had been prepared and fertilized, warmed and watered all with special reference to growing a magnificent crop of the plague this could hardly have been improved upon, and yet the condition is, with all these shameful defects, so much superior to the present state of affairs in the Orient and to the European condition in the Middle Ages, that the plague is barely holding its own and has not spread a mile in any direction outside of the town. A city conscious of clean streets, good sewage and good water-supply can have the peace which comes from the proverbial "*mens conscia recti*" with regard to danger from the plague.

A second step in the opening of the medical year in London, the meeting of the great medical societies, was taken last week. Many of these open with a formal address followed by a *conversazione*. Dr. Frederick Roberts opened the year of the Medical Society of London by an address on "Personal Experience in Relation to Serum Therapeutics and Antitoxin Treatment." Dr. Sanson presided at the Hunterian Society and delivered an address on "The Effects of Influenza on the Heart and Circulation," while the British Gynecological Society and the Clinical Society of London had their opening meet-

ings with a regular program of papers. The medical visitor to London may at first find himself under some little feeling of embarrassment in regard to attending these society meetings, inasmuch as the name of some member is required as an introducer, but this can easily be secured by writing to any member who is to read a paper in which the visitor is interested, and indeed for a single visit the president and secretary usually leave instructions with the porter at the door to use their names for the introduction of any *bona fide* medical visitor who may come in on the evening of the meeting. Although the attendance at these meetings will not be found at all as large as would be hoped in a great city like London, yet their proceedings are usually of great interest and well illustrated with specimens, drawings, and actual cases. While some of the societies meet in widely separated regions, yet a very considerable proportion of the larger and more important ones hold their sessions in Chandos street opposite the Langham Hotel, in the building of the Medical Society of London, or in the rooms of the Royal Medical-Chirurgical Society in Hanover Square, both within a few hundred yards of Oxford Circus.

A very interesting course of weekly lectures, free to medical practitioners and senior students, on diseases of the nervous system, will be conducted during the winter on Tuesday afternoons at Queen's Square Hospital by various members of the staff. Another course of much interest to visiting medical men is to be given on Thursdays at the Hospital for Sick Children, Great Ormond street, by the staff. For this a small fee is charged. What with such courses as these in the different special hospitals and with the wide choice of courses, both more general and supplementary in character, offered by the Polyclinic and the West London Post-Graduate School, the position of the visiting medical post-graduate student in London is greatly improved and improving. Courses can now be obtained in almost any special subject from bacteriology through all the clinical "ologies" to the use of the Röntgen-rays, and although these are not yet centralized to any such desirable degree as have been effected in the great Continental medical centers yet the tide is setting steadily in that direction. A considerable degree of fusion of this description has already been accomplished by the Polyclinic and when the teaching University of London adds its powerful impulse to the others already in operation there can be little question that a great centralized scheme of post-graduate teaching and probably a great central teaching institution will grow up which will put London upon the same plane with Vienna, Berlin, and Paris as a medical Mecca.

One great obstacle to this scheme of centralizing at least the clinical part of medical teaching exists in the nature of the situation, and is not always perhaps appreciated at its full value. This is the intensely individualistic character which pervades not only all English institutions but all classes of English society, and is strikingly illustrated in the fact of there being eight self-supporting and totally independent medical schools instead of one central State-supported and regulated University, as in Berlin or Leipzig, and there will naturally be a distinct amount of

friction before these can be got to fuse their differences in a common scheme. On the other hand, the patient himself is unfortunately more individualistic, in the widest and most aggressive sense, than his French or German brother. He will go to the hospital that he chooses in the first place and distinctly refuse to budge to another no matter what inducements may be offered him in the way of superior advice, and he will object to being seen by strange doctors and strange students. He will absolutely refuse to be operated upon unless the procedure commends itself to his individual judgment; his relatives after his death will bitterly oppose the use of his remains for post-mortem study, and in a score of other ways he is often a serious practical obstacle in the way of systematic clinical work. Nor does he stand alone in this, for it may never be forgotten that all English hospitals are organized for the benefit of their patients first and foremost, and it is often with the greatest difficulty that even the staff of the hospital can get permission to use its inmates for clinical purposes within its own walls. Any complaint of unnecessarily frequent or prolonged examination on the part of the patient or of fatigue in being transported to another lecture-room, or even of outraged modesty from being submitted to the gaze of a large audience of students, will be promptly taken up and supported not merely by the Board of Governors of the hospital but also by the outside public upon whose voluntary contributions the institution in most cases absolutely depends. However, and happily, both patients, Governors, and the laity are coming to recognize the true value and advantage of expert opinion and additional advice. The more intelligent class of patients is coming to respond readily to any suggestions as to methods of obtaining more light upon their cases. The Governors are finding that the hospital that does the best and most effective teaching also does far the best and most effective therapeutic work and the whole feeling of even the more ignorant class of the laity toward the profession is improving most pleasantly. There can be no question that both this sort of feeling on the patient's part and its frank and manly recognition on the part of the operator and consultant has a most valuable influence in keeping English and American hospital practice upon the highest plane of humanity, of courtesy, and in the broadest sense of true science than that which obtains in some Continental centers.

SOCIETY PROCEEDINGS.

NEW YORK STATE MEDICAL ASSOCIATION.

Sixteenth Annual Meeting, Held at the New York Academy of Medicine, New York City, October 24, 25, and 26, 1899.

FIRST DAY—OCTOBER 24TH.

MORNING SESSION.

THE President, DR. JOSEPH D. BRYANT of New York City delivered the president's annual address. Its title was

THE INFLUENCE OF MEDICAL PRACTICE UPON
MEDICAL PROGRESS.

He said in brief : The practice of medicine, it must be borne in mind, should be a means of education and advance for the medical profession. There is somehow an impression that what we learn at school is the important part of our education, but this is by no means true. Medicine is an art as yet rather than a science, and it is actual practice in an art that makes its devotees efficient in its employment. The history of medicine shows that it is always considerations drawn from practice rather than from theory that have done most for the development of its possibilities for doing good.

The practice of medicine has always been a very serious profession. The first doctors were the priests, and it was among the priestly class in India that the foundations of the healing art were laid. The first medical document that we possess, the papyrus of Ebers, from about 1550 before Christ, shows that in Egypt the same thing was true. Great advances have been made, but it has only been by seriously realizing how much the practical side of medical science has done for its development. In our own day medical advances have been of so much importance that we have learned to lessen the amount especially of contagious disease and to diminish human suffering. There is even a vista opening up of a future in which many of the ailments that used to afflict mankind will be absent. We cannot get rid of all suffering, and until we have discovered and isolated and secured the antitoxin of the bacillus of old age we will not be able to get rid of senility and death. Meantime, however, we must remember that "every addition to true knowledge," as Mann said, "is an addition to human power"; that every discovery in medical science should have its practical application. Medical society meetings are especially useful to enable us to realize the practical application of new discoveries in medicine and, besides, to enable us to realize whether we are really serving the cause of humanity, or really personal ends. No true and adequate value can be placed on medical care. A physician's services cannot be adequately rewarded. This furnishes all the more reason for us to shun venal practice and sordid ideals. Medical society meetings prompt us to examine our medical consciences, to find out whether we are living up to our dignity as members of an honorable profession. Such meditation is healthy and healthgiving in its effects. Its periodical recurrence cannot but be of benefit to us so that these meetings have a value quite apart from the additions they may furnish to our scientific knowledge. Knowledge is the hill that few may hope to climb, but duty is the path that all must tread.

Dr. Wickes Washburn presented the report of the Committee on Charities and Public Health. He detailed the efforts that had been necessary to secure the passage of the dispensary bill. He reminded the members of the Association that now it is their duty to help in the enforcement of the law. That it would be of great benefit to the medical profession is clear, but it must not be allowed to become a dead letter. He then called atten-

tion to the suggestions that had been made by the Committee on Charities in order to secure the enforcement of the law, and asked that members take an interest in the matter.

DR. THOMAS J. HILLIS of New York County then read a paper, entitled

ALCOHOL AS A STIMULANT AND HEART TONIC ; ITS
USE TO THE ANIMAL ECONOMY IN HEALTH AND
DISEASE.

He said that, until recently, we have had very little definite information as to the medical properties of alcohol. There has been a good deal of talk, mostly come from those who are fanatically opposed to its use, and every good effect has been denied to it. Some even went so far as to say that it is not a stimulant. Not long ago Professor Atwater showed that it is used by the system as a food. There is no doubt that in various allotropic modifications which it undergoes in the chemical laboratory of the body it develops many other properties beyond that of stimulation. It is a tonic, heat-producing food of the most valuable kind. It has been abused and will be abused, but the abuse of a thing cannot logically be argued against the proper use of it.

It is in conditions of fatigue particularly that alcohol is of special service. It is much better than coffee and produces its effect more rapidly. When great fatigue exists it is promptly burned up in the body and does not produce its ordinary intoxicating effect. Under these conditions 8 to 10 ounces of it even may be taken and produce only slight stimulation. Like shavings in a glass furnace, it is burnt up by the fire of muscular metabolism. Much of the abuse of alcohol by the medical profession has come from the fact that it has been given too early or too late in the course of a disease, or that too much or too little of it has been given. Its administration must not be left to the nurse, but must be assumed by the doctor himself. It must be regulated not according to any fixed rule, but according to the effect produced upon the patient.

The primary factor in the matter is the stomach. If the stomach takes food well, then alcohol is not needed, but when food cannot be taken, alcohol is of the greatest service. Especially it must never be given if it disturbs the stomach. One day it may be poison in a given case and the next day it may do good. Alcohol should never be taken at the beginning of a journey, for it lowers the temperature and increases the tendency to fatigue. At the end of a journey it is usually of very great service. At the beginning of diseases that are accompanied by excitement it will do harm. In exhausted conditions of the patient, especially when nutriment is not taken well, it is of the greatest service. It acts in four minutes, while beef-tea requires twenty to act and is not as efficient. Alcohol should never be taken immediately after meals, for it paralyzes the digestive ferment, coagulates the albuminoids, relaxes the walls of the stomach, and may stop the process of digestion entirely. Three hours after digestion, especially if the fatty acids are

present, causing the condition known as pyrosis, alcohol will neutralize the fatty acids, stimulate the peristaltic action of the stomach, and get rid of the uncomfortable feeling.

In the discussion which followed the reading of the paper, DR. DIDAMA of Syracuse said that alcohol is not his sheet-anchor in practice; in fact, that he had not used it at all during the last five years, and while he does not find fault with those who use it carefully, he thought that it can easily be replaced in therapeutics by drugs that do not possess its dangerous qualities.

DR. MARCY of Boston said that while acting as a surgeon during the Civil War he had found that twenty-minutes' rest with a cup of coffee was a good deal better for fatigued soldiers than a ration of whisky.

In closing the discussion, DR. HILLIS said that alcohol is under all circumstances the best tonic that we have, and that for it we should sacrifice willingly most of the drugs of the pharmacopoeia.

The next paper was read by DR. WICKES WASHBURN of New York County, and was entitled

THE NECESSITY FOR EXACT EVIDENCE IN TREATING SCIENTIFIC SUBJECTS.

He presented some examples of how easy it is to be deceived in medical matters, and made a plea for more exact observation. Tubercle bacilli, after all, may be found in healthy persons. The germs float in the air and sometimes find their way into the air-passages as a consequence. They may exist there for some time without producing disease, and may be thrown off in the secretions. It must not be concluded, after a single observation, then, that a person has tuberculosis. The true scientific spirit would dictate that further examinations should be made. The same thing holds true for diphtheria. The germ of the disease has been found in healthy throats. The streptococcus has been found in the healthy urethra, yet without producing any symptoms. In these cases it is evident that the matter of a suitable soil is a very important question before these micro-organisms produce any pathological changes. These and like facts show how necessary it is to carefully weigh evidence before coming to conclusions in medicine.

The paper of DR. HENRY W. WANDLESS of New York County, "The Correction of Irregularities of the Nasal Septum and the Exhibition of New Instruments," was read by title.

DR. FRANK OVERTON of Suffolk County then read a paper, entitled

THE PHYSICIAN AS A FACTOR IN EDUCATION.

Dr. Oliver Wendell Holmes once said that every man is a trinity. He is what he thinks himself to be, what others think him to be, and what he really is. The duty of self-development requires that as far as possible what a man thinks he is and what he really is should be the same. In this matter physicians owe a duty to their patients in enabling them to get rid of certain false notions that all of us seem to imbibe by a sort of tradition, for knowledge is as much a tradition now as it was in Homer's time. Medical tradition, especially, is composed

of a body of knowledge that everybody thinks he possesses, and that contains some most peculiar antique notions. As the result of this tradition doctors are continually being asked the most bizarre questions. Many physicians seem to think that they should not entirely disagree with their patients, but should rather model their answers on the knowledge the patient supposes himself to be possessed of. This, however, is a mistake, and it leads to a perpetuation of the most erroneous ideas. A great deal of good can be done by explaining simply, yet scientifically, the nature of certain things about which the patient's curiosity has been aroused. The nature of infectious diseases may be explained, and the possibility of harm that lurks in such infecting material as comes from abscesses or purulent discharges or infected wounds. In nervous patients simple information may be made a means of suggestion that will greatly help in the management of these patients.

OPERATIVE TREATMENT OF HIGH MYOPIA BY REMOVAL OF THE CRYSTALLINE LENS,

was the title of a paper by DR. CHARLES STEDMAN BULL of New York County.

Shortsightedness is the scourge of modern civilization. It has really set a limit to the usefulness of education, and is a menace to modern educational methods so that our standards for entrance to public schools will have to be altered. When progressive in young children, causing degenerative changes in the choroid and retina, and when it is of more than twelve to fourteen diopters, so that it makes the images small and blurred on the retina, even when proper correcting glasses are used, it is one of the most important affections with which the ophthalmologist has to deal. A number of operative procedures have been suggested for its relief. With the idea that it results from the pressure exerted by the external muscles of the eye tenotomies were performed at one time. One surgeon suggested the cutting out of a small piece of the cornea. Baer, in 1817, first suggested the removal of the lens. This operation was opposed by Von Graeffe, who thought that it would not stop the development of the myopia. Donders considered the removal of the lens as little short of criminal. Of late years a great change has come over medical opinion in this matter, and now most of the authorities consider that the lens should be removed if the myopia is above sixteen diopters. It is the fad just now to laud the benefits to be derived from the operation. Knapp said a very good thing with regard to the subject long ago: "The real value of the operation will only be known when the present boom for it has passed."

There are certain dangers in the operation. First, hemorrhage; second, detachment of the retina; third, the development of secondary glaucoma; fourth, infection. The fourth may be dismissed at once with our present methods of aseptic surgery. The first and second may be much lessened by attention in the selection of cases for operation. The symptoms of glaucoma, if they develop, may be relieved by removing the lens, and any of the lenticular matter which may have escaped into

the anterior chamber. As in all such operations, of course, there is some danger of prolapse of the iris, but this can be obviated, and if the iris actually prolapses excision should be performed.

The contraindications for the operation are: Degeneration of the retina and choroid in the region of the macula; the existence of any detachment of the retina; membranous opacities in the vitreous; previous loss of one eye; lack of transparency in the cornea; the existence of any infectious disease of the conjunctiva, especially of trachoma; and, finally, advanced age. The operation should not be performed if there is less than twelve diopters of error of vision. It should not be done unless the use of strong glasses will not enable the patient to carry on his work, or unless there is true progressive myopia. The operation should never be completed at one sitting. The anterior layer of the capsule of the lens should be lacerated, and the aqueous humor allowed to dissolve the lenticular matter. In young patients no further operation will be necessary. In older patients, should symptoms of glaucoma develop, the lens must be removed.

AFTERNOON SESSION.

DR. F. O. DONOHUE of Onandaga County read a paper, entitled

PROGRESS OF THE SCIENCE AND ART OF OBSTETRICS.

Since the days when Sir James Simpson removed some of the terrors of childbirth by the discovery of chloroform, and Semmelweis most of its dangers by the discovery of the infectious nature of puerperal fever, obstetrics has gone steadily forward until now it is one of the most advanced of the medical sciences. Especially in its conservatism have advances come in recent years. It is no longer considered justifiable to take the child's life, practically under any circumstances. Where the general mortality from Cæsarian section was ninety per cent., it is now less than nine per cent. Sanger's adaptation of the Lembert suture to the uterus is responsible for a good deal of this change, though of course a great deal of it is due to modern aseptic methods. In general childbearing has lost practically all of its terrors. What is needed now is that every physician should perfect himself in the great art of midwifery.

In the discussion DR. W. E. SWAN of Saratoga Springs said that modern discoveries are bringing us to the solution of the questions involved in that great scourge of humanity, puerperal fever. We are learning to recognize the micro-organisms that cause it. The staphylococcus has been found, and the streptococcus and in at least one case the typhoid bacillus. The treatment for these conditions is very different. Staphylococci always exist near the surface and can be removed with a dull curette and plentiful use of salt solution. The streptococcus always occurs deep in the uterine tissue and the use of the curette is not advisable. It may even do harm. It is important then that a careful investigation should be made by bacteriological methods in order to decide the pathogenic agent that is at work.

DR. RICH of Brooklyn said that not more than one

finger should be used in making examinations before labor. The air also contains pathogenic germs and its admission is a source of danger. This can be avoided by the method of examination he suggests.

DR. DOUGLAS AYRES of Montgomery County read a paper, entitled

SOME PRACTICAL EXPERIENCE IN ASEPSIS AND ANTISEPSIS IN OBSTETRICS.

Physicians do not sufficiently realize how important is asepsis in obstetrical practice. It is to be remembered that 13 per cent. of all deaths take place from various causes during the puerperal period. In Germany statistics seem to show that 10 to 15 per cent. of the deaths in women during the period of sexual activity are due to causes connected with pregnancy. A good many of these deaths are due to chance infection during the puerperal period. No doctor should attend a woman in labor who is attending cases of any of the infectious fevers, or who is occupied in treating abscesses, or affections involving purulent discharges. It must be remembered that especially the hair and the beard are liable to carry germs of infection. Therefore, these should be carefully washed. The most elaborate precaution should be taken in the matter of bathing, etc.

The paper of DR. CHARLES H. GLIDDEN of Herkimer County, entitled

A REPORT OF A CASE OF PUERPERAL SEPSIS AND WHAT IT TEACHES.

will be published in a subsequent number of the MEDICAL NEWS.

DR. FREDERICK S. COWLES of Westbrook, Conn., read a paper, entitled

HYDRORRHEA AND HYDROSALPINX.

He described a case in which at the sixth month of pregnancy there had been an escape of fluid from the uterus but no blood. Abortion was feared but plenty of fluid remained in the uterus as ballottement could be practised. Several such attacks followed at intervals of several weeks and yet a healthy child was born at full term. Two months after labor the speaker was summoned to see the patient. He found her in severe pain that at first was referred to the umbilicus, and afterward was localized in the right iliac fossa. Her pulse was 110, and her temperature 102° F. The abdomen was tender and there was considerable tympanites. He applied an ice-bag and gave calomel and a saline. He suspected appendicitis and his suspicions were confirmed by a surgeon whom he called in consultation. The woman herself said that she felt very much as if she were going to have one of the discharges she had had during her pregnancy. This proved to be the case and the gush of fluid relieved the pain, while the other symptoms gradually disappeared. She had subsequent attacks of the same kind, each of them occurring about a week before her menses.

The source of hydrorrhea in this case would seem to be the tube and the condition to be a hydrosalpingitis. The condition is more frequent than is thought and its differ-

entiation from appendicitis makes it important. It is evident that in obscure cases which are diagnosed as appendicitis an examination per vaginam is very necessary.

DR. MAX EINHORN of New York County read a paper, entitled

A BRIEF SUMMARY OF THE INDICATIONS FOR OPERATIONS ON THE STOMACH.

It will appear in a subsequent issue of the *MEDICAL NEWS*.

DR. W. B. REID of Oneida County then read a paper, entitled

THE VALUE OF OPERATIVE TREATMENT FOR SPINA BIFIDA.

In a case in which the tumor was the size of a large orange and in which the arches of the second, third, and fourth lumbar vertebrae were absent he removed the tumor two years ago, raising the periosteum of the vertebrae and succeeding in getting the periosteal flaps to cover the defect. The child was then put in a plaster jacket with a window over the site of operation. Ten weeks after the operation there was a bony callus to be felt at the spot, and at the end of fifteen weeks firm bone had formed. More than two years have elapsed and the child is perfectly healthy.

In this case pressure on the sac of the tumor caused the evacuation of part of its contents, and at the same time the fontanelles became tense. It used to be said that this was a contraindication to operation for spina bifida, but the success in the present case shows it is not. The London Clinical Society, after an investigation of the subject fifteen years ago, decided that the injection of the sac of spina bifida with iodine is the best means of treatment. With our modern advances in asepsis a radical operation would seem to be indicated. The danger of fatal collapse from sudden relief of pressure on the brain may be obviated as in this case by repeated tapings of the tumor with a hypodermic needle.

DR. JOHN A. FORDYCE of New York County followed with a paper, entitled

SOME CUTANEOUS MANIFESTATIONS OF SYPHILIS AND OTHER AFFECTIONS OF THE SKIN, ILLUSTRATED BY LANTERN-SLIDES.

He began by the exhibition of slides of cases of chancres on the lips, and for comparative purposes several labial epitheliomata. He pointed out that the more rapid course of the chancre and the therapeutic test besides the appearance are the important diagnostic differentials. By a number of slides he showed that where the secondary lesions of syphilis had been most marked, that there too, the subsequent lesions were likely to be most severe. One case exhibited, an extremely painful ulcer very obstinate to treatment, had developed over the sternum seemingly without external cause. The patient had had interstitial keratitis, and had the notched incisors characteristic of congenital syphilis so that the ulcer was diagnosed as due to hereditary syphilis and yielded to specific treatment. A number of cases of lichen planus were shown in

which the extent of the cutaneous lesions and their symmetrical arrangement might at first cause one to think of syphilis. A case of syphilis in a woman with nephritis was shown. She did not bear mercury and the iodide well and an intense pigmentation had remained after the slow disappearance of the cutaneous lesions. At the end of two years some of this pigmentation still remained. Often in cases of nephritis salivation set in early and treatment became a difficult matter. The skin and bowels in such cases must be made to do active eliminative work.

SECOND DAY—OCTOBER 25TH.

MORNING SESSION.

DR. GEORGE W. GOLER of Monroe County read a paper, entitled

THE NECESSITY FOR STATE AID IN THE TREATMENT OF PULMONARY TUBERCULOSIS.

Thirteen thousand cases of death from tuberculosis took place in New York State during the last year. Counting an average of one death to every four cases there were altogether over fifty thousand cases of tuberculosis within the commonwealth. At least one-fourth of these patients could have been cured, for the statistics of the best sanatoria show more than this proportion of cures. New York State owes it to its citizens to protect them from the dissemination of the disease and to prevent as far as possible the present mortality. The State now spends seven millions on the insane. No one would think of disputing the advisability of State aid in the treatment and handling of lunatics. Of late the care of epileptics also has come under State control. The result has been eminently satisfactory and the present aid will be continued and extended. State sanatoria for tuberculosis will accomplish even more good than does the State care of the insane and of epileptics. As a matter of fact, the expenditure of a comparatively small amount of money, it can be easily demonstrated, would save to the State every year immense sums of money in the health and strength of its citizens.

SANATORIUM TREATMENT AT HOME FOR PATIENTS SUFFERING FROM PULMONARY TUBERCULOSIS

was the title of the next paper, read by DR. S. A. KNOPP of New York County.

There is no doubt left now that sanatorium treatment is the ideal therapeutics for consumption. Unfortunately not all our patients can go to sanatoria. For these it is possible to institute the sanatorium treatment at home. The features of the sanatorium treatment that are of importance are the absolute regulation of the patient's life, the freedom from reinfection by care of the sputa, the spending of long hours in the open air, and the careful regulation of diet and exercise. Most of these things can be carried out at home, not so satisfactorily, perhaps, as in a sanatorium, but still with wonderful results. Tuberculous patients should be taught at once the infectiousness of their sputa, not only for others, but especially for themselves. If the danger of reinfecting themselves is insisted on their selfishness will do more to make

them keep the regulations suggested than any altruistic feeling for others.

The sputum should be received always in vessels especially designed for it. Small aluminum cups that do not look like cuspidors may be provided for the sick room, and should have some solution in them. Vinegar is not a bad agent to employ to neutralize bacterial virulence. Patients when out of the house should not spit in handkerchiefs, but, if they can be persuaded, either in a special flask that they carry with them or in special Japanese handkerchiefs made of paper, which can be burned immediately on their return home. These handkerchiefs should not be kept in an ordinary pocket, but in one lined with rubber, or in some rubber receptacle that can be thoroughly cleaned. All tuberculous patients should be warned to wash their hands thoroughly before eating. All linen that has been worn by consumptives should at once be put to soak and boiling water should be poured over it as soon as possible.

It is advisable that consumptive patients should have their own eating utensils. But if not, at least all such articles should be thoroughly cleansed in boiling water before being used by anybody else. All kissing, especially on the mouth, should be forbidden. During cough and loud talking tuberculous patients project minute quantities of saliva in which tubercle bacilli have been been demonstrated. They should therefore be warned at such times to keep a handkerchief before their mouths. Nurses and members of the family should be warned not to be in too close proximity to patients while they are coughing or talking. Men should not wear heavy moustaches, as they gather the bacilli and may become sources of infection to others and of reinfection to themselves.

Diet is very important. Anorexia yields better very often to the culinary art than to drugs. Patients often have caprices of appetite especially with regard to such important articles of diet as milk and eggs that may be overcome by persuasion or by careful preparation of the articles in question. Raw-scraped meat pulp is a most important addition to the diet. When the yolk of a raw egg can be taken with it, the two together constitute an ideally concentrated nourishment. To milk a small amount of bicarbonate of soda and also a small amount of salt may be added with advantage, both as regards its appetizingness and its digestibility. Patients should eat their heartiest meal at the hour of the day when their temperature is lowest.

Respiratory exercises are very good for tuberculous patients. They should breathe deeply as often as they think of it, and take regular respiratory exercises every hour, or even every half hour when they feel well. Patients should practically live in the open air. If a garden is attached to the house in that, if not, on a balcony, on the roof, on a fire-escape, or barring all these close to a window. Cold weather is no contraindication to sitting out in the cold if the patient is well wrapped up. As to exercise, patients may be advised to walk, but only if it does not cause rise in their temperature. The temperature should be taken before and after the walk. Tachy-

cardia is also a contraindication. When exercise is taken it should be during the apyretic stage.

Hydrotherapy is very important. A douche may be given over the apices of the lungs or along the side of the lungs in order to loosen up old pleuritic adhesions. Where there is not a bath-room the patient may sit in the middle of an English bathtub astride a chair, and the douche be applied from a pitcher. Doctors should prevent the marriage of tuberculous patients, and in married people, where the disease is progressive, should give directions for the prevention of conception. Pregnancy sometimes gives rise to an illusory sense of wellbeing, but only to cause a more rapid decline after labor is over.

In discussion, DR. WICKES WASHBURN said that the ideal plan would be not a sanatorium where patients alone could go, but a farm colony to which the family could transport itself. Many of the objections to a sanatorium, its loneliness, its lack of occupation for the mind and the hand, and the difficulty of nostalgia would be removed by this plan. He presented the following resolution: "It is the sense of the New York State Medical Association that sanatoria should be established by the State of New York for the treatment of tuberculous patients; and this plan of treatment should include a farm colony where families of tuberculous patients might live."

DR. C. C. FREDERICK of Erie County then read a paper, entitled

REOPENING THE ABDOMEN FOR POST-OPERATIVE SEPTIC PERITONITIS, WITH REPORT OF CASES.

For general septic peritonitis after operation, the reopening of the abdomen is practically of no avail. All surgeons are agreed that patients' lives cannot be saved under such circumstances. For secondary septic peritonitis, however, due to defective drainage for instance, or to inoculation by the giving way of a set of sutures in a hollow viscus, prognosis is not so unfavorable. He had four such cases to report. Two of the operations were performed in the old days when we allowed a glass drainage-tube to remain in all cases of abdominal operations. Both of the infections took place because of the drainage-tube and both patients recovered after the insertion of a gauze drain which was brought out at the lower angle of the wound. In two recent cases the abdomen was reopened successfully for secondary infection caused by the giving way of sutures. In one an extra-uterine pregnancy was removed, the sac of which was so adherent to the intestine that a portion of the gut had to be resected. The Murphy button was used for this, and when symptoms of peritonitis developed it was thought that the button had given way. The button, however, was found perfectly in place, but a portion of the gestation-sac had given way. The general peritoneal cavity seemed to be infected, and there were spots of lymph here and there on the intestines. The case looked hopeless, but after flushing out the abdomen the wound was closed once more. The patient left the table pulseless and remained so for twenty-four hours. When the speaker left the hospital he signed a blank death-certificate feeling sure that she would

die. At the end of thirty-six hours the pulse returned and the patient lives to show the death-certificate as a memento.

In another case a purulent salpingitis had opened through the rectum and through the bladder. At operation the bladder had to be resected. Symptoms of peritonitis set in, and when the wound was opened the sutures in the bladder were found to have given way. The abdominal cavity was flushed out and the symptoms gradually ameliorated. Fluctuations of temperature, with sweating and excessive prostration continued. In this state of general sepsis the patient died. After death no peritonitis was found, and it was the septic condition that caused death.

A paper was then read by DR. CROTHERS of Hartford, Conn., entitled

MORPHINISM AMONG PHYSICIANS.

Dr. Crothers who, as a statistician, has collected the statistics of the morphin, cocain, and whisky habits for the last nine years, has had his attention called to the number of physicians who give way to these habits. In a series including some three thousand physicians in the Eastern and Middle States he found that 21 per cent. indulged in alcohol to excess, that 6 per cent. had the opium habit, and that 10 per cent. indulged in opium and other drugs. A well-known professor of materia medica had the morphin habit; eight of his students developed the same thing. Physicians often switch off from alcohol to opium or other drug habits. These drug habits induce a form of chronic invalidism. While under the influence of the drug they are apt to be of a serene temperament, but are irritable and excited when out of it. They have a distinctly lower moral sense and develop tendencies to suicide, or to backbiting, or to kleptomania. They are liable to adopt peculiar notions, and to write rambling papers for medical societies. It is to be remembered that suggestion plays a very important rôle in the cure of these diseases. It is much more important than any drug, or than any form of treatment that the patient should be convinced that he is surely going to get rid of the habit and that without much difficulty.

The next paper was read by DR. CHARLES ALLING TUTTLE of New Haven, Conn. Its title was

ALBUMINURIA: ITS PROGNOSTIC VALUE IN CHRONIC NEPHRITIS.

Albuminuria does not necessarily mean the presence of nephritis, nor does its absence signify that the kidneys are healthy. Casts may be present in the urine without there being Bright's disease and not every sample of urine from a patient suffering from Bright's disease will contain casts. Casts and albumin may occur while the patient is in perfect health. The advance of chronic nephritis may be most insidious. Our present methods of examining the urine by no means give us the assurance that we have been taught to suppose. All the clinical symptoms of a case should be carefully watched and no exclusive diagnosis made on the strength of one or two negative examinations of the urine.

The next paper, read by DR. WILLIAM P. SPRATLING,

Superintendent of the Craig Colony for Epileptics at Sonyea, New York, was entitled

CURABILITY OF EPILEPSY AND HOW IT MAY BE ACCOMPLISHED.

Early treatment of epilepsy is the important thing. For this purpose it must be recognized early. The ordinary text-book definition of epilepsy is often misleading. We are led to expect tonic and clonic convulsions and loss of consciousness. As a matter of fact in true epilepsy there may be either tonic or clonic convulsions, not necessarily both, and there need not be loss of consciousness. Nocturnal fits may continue for a long time unrecognized; even diurnal fits of true epilepsy may be set down as mere fainting spells. If such mistakes are made it will be impossible to prevent the formation of the epileptic habit in the nervous tissues.

It is to be borne in mind that most convulsions are the result of some pathological lesion of the central nervous system. The speaker remembered once asking Dr. Jacobi his opinion of convulsions that occur as the result of dentition. He said it was not improbable that they were due to slight hemorrhages in the brain. Some years afterward he saw with Professor Virchow specimens which demonstrated this condition, and not long afterward, discussing the subject with Dr. Heughlings Jackson, agreed that such slight hemorrhages probably occurred. A number of patients that come to Craig Colony for treatment seem to have had epileptic convulsions in infancy, some during the first six months. A number of cases develop between the ages of ten and sixteen, that is, at the time of puberty.

The important etiological element in all epilepsy is the predisposition. Thirty-five per cent. of all the patients at Sonyea were born of epileptic parents. Sixty-six per cent. come from neuropathic families, or families in which there is some diathesis such as syphilis, gout, diabetes, etc. Do not give drugs to suppress the fits; they impair digestion and disturb assimilation. The giving of bromids that is so common now is always harmful in the end. It suppresses the fits, but does nothing to cure them. Operations have practically never done any good. In forty-four operations of which he has the records only one patient was improved and even that is doubtful. Nine of the patients at Craig Colony were operated upon before they went there. They were benefited for awhile, but the convulsions returned as before. One of these patients had been to Von Bergmann in Berlin and to Horsley in London and both of them had refused to operate. A New York surgeon was found, however, willing to perform an operation. Needless to say no good resulted. The important thing for epileptics is the regulation of their diet and exercise. They should not be allowed alcohol and very little tea or coffee. The regulation of their diet should be carefully done, for they are apt to gormandize. At the colony they are always prescribed a complete change of life. Those accustomed to indoor life are gradually accustomed to work in the open air. The weak and delicate patients are given a modified rest cure. So far eight per cent. of the patient have been discharged as cured.

(To be Continued.)